

Medical Operations Handbook

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This handbook is a compilation of information I have acquired over the years. If some of it looks familiar, you probably saw it in some unit's SOP, from course handouts, in a battle book, or maybe even in an FM. Whenever I found something that looked like it would be wise to know, I added it into the book. I have tried to keep it concise, so I know there are many other pieces of information out there that would be great to add. The beauty of this book is that it is made to fit into a standard Army Aviation Checklist book so you can add or delete as you see fit. This handbook is not intended to substitute current directives, instructions, or doctrinal publications and there is no official endorsement by any Department of Defense or Department of Army personnel.

Many people have been helpful in putting this together and I would be remorse (maybe even counseled) if I didn't thank them:

BG Robert E. Brady, First Commander, 30th Medical Brigade

COL Fred Gerber, Director of Health Care Operations, Department of the Army, Office of the Surgeon General

COL Richard Agee, Senior CSS O/C, Joint Readiness Training Center

LTC Jeff McCollum, AMEDD Center and School

MAJ (P) Rick Nichols, Health Care Operations, Department of the Army, Office of the Surgeon General

MAJ Tom Berry, Plans Officer, J-4, SETAF

1LT David E. Parker, Aide-de-Camp, BAMC

CSM David Eddy, S-3, Operations, 55th Medical Group

Remember, this book is just a collection of information I liked...it is not to be taken as gospel, only FM's have that distinction. Hope you find it helpful.

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Key References:

FM 3-7, NBC Field Handbook, 29 September 1994
FM 8-10, Health Service Support in a Theater of Operations, 1 March 1991
FM 8-10-4, Medical Platoon Leaders Handbook, 16 November 1990
FN 8-10-6, Medical Evacuation in a Theater of Operations, 31 October 1990
FM 8-10-7, Health Service Support in a Nuclear, Biological, and Chemical Environment
FM 8-27, Veterinary Service, 30 September 1983
FM 8-42, Combat Health Support in Stability and Support Operations
FM 8-55, Planning for Health Service Support, 15 February 1985
FM 101-5, Staff Organizations and Operations, 1997
MD0420, Combat Health Support Doctrine, AMEDD Center and School
CGSC Student Text 101-6, G1/G4 Battle Book, 1JUN94
Joint Pub 4-02,
The Medical NBC Battlebook, Draft FY97, USACHPPM
55th Medical Group RSOP
1st Medical Group Smartbook
XVIII Airborne Corps RSOP
3rd Bn, 12th In, 8th Infantry Division, TACSOP, 1991

MEDICAL OPERATIONS

Medical BOS

US Army Medical Assets

USAF Medical Assets

US Navy Medical Assets

Evacuation Platforms

CASEVAC Checklist

Joint Medical Planning Checklist

Joint Medical Operations

Health Care Doctrinal Factors

Patient Movement Points of Contact

9 Line Medevac Request

HSS Estimate Format



MEDICAL BOS CHECKLIST

Command Control and Communication

Hospitalization and Surgery

Preventive Medicine

Veterinary Services

Laboratory

Blood

Dental Services

Health Service Logistics

Combat Stress Control

Patient Evacuation and Regulation

Area Medical Support



Medical Group

3

Personnel: 64 (HHD only)
Mobility: 50%
BOA: One Per Corps
Components: CSH/ASMB/EVAC Bn/FSTs/CSC Det/Med Co
(DS)/Med Det (VS)/PM Dets

MISSION: Provides command and control for assigned or attached Corps level medical units.

CAPABILITIES:

1. Tasks organizes medical assets on the battlefield.
2. Plans HSS operations
3. Oversees logistical operations for the group's units
4. Serves as radio control net for group units
5. Performs medical regulation between group units
6. Coordinates external support for group units

COMPONENTS:

| | |
|-------|---|
| HHD | Internal Admin/Supply/Maint Support |
| S-1 | Group Personnel Actions |
| S-2/3 | Ops, Planning, NBC, MRO, Security, Intel, Training, TOC Operations |
| S-4 | Property Accountability, Group Supply Operations, Medical Resupply, Transportation Support, Maintenance Tracking, ALOC Operations |
| S-6 | Group Communications |
| CN | Nursing Education, Professional Svcs |
| Chap | Unit Ministry Team Operations |



Combat Support Hospital

4

Personnel: 606
Mobility: 35% (without patients)
BOA: 100% of projected beds in CZ
Components: 1 Hospital Unit Base (HUB)
 1 Hospital Unit Surgical (HUS)

MISSION: Resuscitation, initial wound surgery, postoperative treatment, stabilization for further evacuation, return to duty for patients who fall within Corps evacuation policy.

CAPACITY: 296 Beds

BREAKDOWN OF BEDS:

| <u>Type of Ward</u> | <u>#</u> | <u>Beds</u> |
|------------------------|----------|-------------|
| Intensive Nursing Care | 8 | 96 |
| Intermed Nursing Care | 7 | 140 |
| Neuro-Psych Care | 1 | 20 |
| Minimal Care | 1 | 40 |

SURGICAL CAPABILITIES:

| <u>MODULE</u> | <u># O/R TABLES</u> | <u>SURG HOURS PER DAY</u> |
|---------------|---------------------|---------------------------|
| HUB | 4 | 48 |
| HUS | 4 | 96 |

ADDITIONAL CAPABILITIES:

Pharmacy, Laboratory, Blood Bank, Radiology, Nutrition Care Services, Physical Therapy, Dental Treatment to Staff and Patients, Oral Surgery Support on Area Basis

TERRAIN REQUIREMENTS: 450m x 300m

Near MSR, Well-drained Terrain, Helipad
 < 10% Grade in Terrain



Field Hospital

5

Personnel: 428
Mobility: 35% (without patients)
BOA: Two per division
Components: 1 Hospital Unit Base (HUB)
1 Hospital Unit Holding (HUH)

MISSION: Provides hospitalization for general classes of patients for reconditioning and rehabilitating services for those patients who can return to duty within the theater evacuation policy.

CAPACITY: 504 Beds

BREAKDOWN OF BEDS:

| <u>Type of Ward</u> | <u>#</u> | <u>Beds</u> |
|------------------------|----------|-------------|
| Intensive Nursing Care | 2 | 24 |
| Intermed Nursing Care | 7 | 140 |
| Neuro-Psych Care | 1 | 20 |
| Minimal Care | 2 | 40 |
| Patient Spt Sections | 7 | 280 |

SURGICAL CAPABILITIES:

| <u>MODULE</u> | <u># O/R TABLES</u> | <u>SURG HOURS PER DAY</u> |
|---------------|---------------------|---------------------------|
| HUB | 2 | 24 |

ADDITIONAL CAPABILITIES:

Pharmacy, Laboratory, Blood Bank, Radiology, Nutrition Care
Services, Physical & Occupational Therapy, Dental Treatment to
Staff and Patients, Oral Surgery Support on Area Basis

TERRAIN REQUIREMENTS: 375m x 375m (20acres)
Near MSR, Well-drained Terrain, Helipad
< 10% Grade in Terrain



Mobile Army Surgical Hospital ⁶

Personnel: 131
Mobility: 100% (without patients)
BOA: 2 per Corps
Components: 1 Hospital Unit, Surgical Main Base (HUSM)
1 Hospital Unit, Surgical Forward (HUSF)

MISSION: Provides hospitalization for patients requiring resuscitative surgical care and stabilization for further evacuation to other hospitals. evacuation policy.

CAPACITY: 30 Beds

BREAKDOWN OF BEDS:

| <u>Type of Ward</u> | <u>#Beds</u> |
|---------------------------|--------------|
| HUSM (Acute Nursing Care) | 20 |
| HUSF (Acute Nursing Care) | 10 |

SURGICAL CAPABILITIES:

| <u>MODULE</u> | <u># O/R TABLES</u> | <u>SURG HOURS PER DAY</u> |
|---------------|---------------------|---------------------------|
| HUSM | 2 | 40 |
| HUSF | 1 | 20 |

ADDITIONAL CAPABILITIES:

Pharmacy, Laboratory, Radiology, Blood, Central Material Services, Nutrition Care Services

TERRAIN REQUIREMENTS: 250m x 150m

Near MSR, Well-drained Terrain, Helipad
< 10% Grade in Terrain



Medical Battalion (Evacuation)

Personnel: 47
Mobility: 80%
BOA: One Bn per every 3 to 7 evac companies
Components: Headquarters and Headquarters Detachment
3 x Air Ambulance Companies (15 x UH-60)
1 x Ground Ambulance Company (40 x M997)

MISSION: Provides command and control of all air and ground medevac units within the TO.

CAPABILITIES:

1. C2 of operations, training, and administration of all ground and air ambulance companies
2. Staff and technical supervision of aviation operation, safety, unit maintenance with the air ambulance companies
3. Coordination of medevac operations and communication functions on a 24 hour, two-shift basis
4. Medical supply support to attached units
5. Level I CHS and aviation medicine



Medical Company (Ground Amb)⁸

Personnel: 117
Mobility: 85%
BOA: One per division supported in CZ
Components: Headquarters Platoon
4 x Ground Ambulance Platoons

MISSION: Provides ground evacuation of patients within the theater of operations.

CAPABILITIES:

1. Provides 40 HMMWV 4xLitter ambulances with a single lift capability of 160 litter or 320 ambulatory patients.
2. Conducts ground evacuation from divisional medical companies to combat zone hospitals.
3. Reinforces/reconstitutes/replaces forward deployed medical evacuation assets.
4. Transfers patients among hospitals, MASFs, railheads, seaports in both Corps AO and COMMZ.
5. Provides emergency transportation of medical personnel/equipment/supplies.

KEY EQUIPMENT:

40 x M998 HMMWV Ambulances (4 x Litter)



Medical Company (Air Amb)

Personnel: 130
Mobility: 100% (without patients)
BOA: One per division supported

MISSION: Provides aeromedical evacuation and support within the theater of operations. ground evacuation of patients within the theater of operations.

CAPABILITIES:

1. Provides movement of patients between hospitals, ASF's, hospital ships and casualty receiving/treatment ships, seaports, and railheads within the Corps and Communications Zone.
2. Emergency movement of medical personnel/equipment/supplies.
3. Combat search and rescue operations as directed.
4. Air crash rescue support.
5. Provides enroute medical care for patients.

KEY EQUIPMENT:

15 x UH-60 Air Ambulances



Area Support Medical Battalion

Personnel: 345
Mobility: 100%
BOA: .018 per 1,000 non divisional troops
Components: Headquarters and Support Company
3 Area Support Medical Companies; consisting of
a treatment platoon and evacuation platoon with 8
ground ambulances

MISSION: To provide Level I and II CHS in its area of operations.

CAPACITY: Each company maintains a 40 bed minimal care
patient holding ward for up to 72 hours.

ADDITIONAL CAPABILITIES:

Reinforce/reconstitute Level I & II elements, provide ground
ambulance evacuation, provide Class VIII support and med
maint support, provide PLX support at level II, provide
emergency dental support, provide limited mental health spt,
provide PM consultation, provide level I support to units in AO
without organic med assets, provide daily sick call.



Medical Company (DS)

Personnel: 59

Mobility: 50%

BOA: One unit per every 20,000 troops supported

Assigned To: Medical Battalion (DS)

MISSION: Emergency, sustaining, and maintaining dental service.

DENTAL CAPABILITIES:

1. Base dental treatment providing maintaining care for 20,000 troops on an area basis or sustaining care for 30,000 troops on an area basis.
2. Dental modules to reinforce or reconstitute Level II dental modules.
3. Augment advanced trauma management during MASCAL situations.



Medical Detachment (VS)

Personnel: 48
Mobility: 100%
BOA: One unit per every 70,000 troops in CZ
Assigned To: Medical Group

MISSION: Provide veterinary services for all branches of the uniformed services throughout the TO.

VETERINARY CAPABILITIES:

1. Provide C2 of all vet functions within the AOC.
2. Provide six 100% mobile vet service support squads which can operate independently.
3. Provide inspection services for commercial food sources and all government food facilities.
4. Monitor and evaluate environmental and zoonotic diseases and food safety data.
5. Provide limited vet care for government owned animals and civic-action programs.
6. Coordinate vet support with host nation public health officials.



Medical Detachment (PM)

Personnel: 11
Mobility: 100%
BOA: One unit per every 22,500 troops
Assigned To: Medical Group

MISSION: Provide preventive medical support and consultation in the areas of disease and disease nonbattle injury prevention, field sanitation, sanitary engineering, and epidemiology.

DETACHMENT CAPABILITIES:

1. Can divide detachment into three (3) forward deployable teams.
2. Provides services and consultation to minimize the effects of vector-borne diseases, enteric diseases, environmental injuries.

KEY EQUIPMENT:

Medical Laboratory Set
Entomological Collecting Field Kit
Industrial Hygiene Survey Set
Water Quality and Analysis Set, Purification
Water Quality Analysis Set, PM
Water Testing Set, Bacteriological
Backpack Sprayer (3 each)
Sprayer Insecticide, Manual, 2 Gallon (3 each)
Sprayer Insecticide, DC (3 each)



Medical Detachment (CSC)

Personnel: 24
Mobility: 100%
BOA: One unit per division
Assigned To: Medical Group

MISSION: Provide combat stress control services, to include consultation, reconstitution, neuropsychiatric triage, stabilization, and restoration.

DETACHMENT CAPABILITIES:

1. Provides command consultation and outreach briefings, to include unit command climate surveys and critical event debriefings.
2. Provides mental health support for the integration of a newly reconstituted unit or the reconstitution of combat stress casualties in their unit.
3. Provide outpatient mental health services.
4. Provide intensive treatment for combat stress casualties not requiring medical evacuation, but not responding to prevention team treatment at unit level.

TEAM CONFIGURATION:

Detachments deploy three (3) prevention and one (1) restoration teams forward to the supported division.



Forward Surgical Team

Personnel: 20
Mobility: 100%
BOA: One unit per maneuver brigade/armored cav regiment
Assigned To: Medical Group

MISSION: Provide a rapidly deployable, resuscitative surgical service within the division area of operations.

FST CAPABILITIES:

1. Provide life and limb saving surgery far forward on the battlefield.
2. Uses minimal strategic lift.
3. Task organize for echeloned moves.
4. Self sustaining for power generation.
5. Interface to other CHS modules.
6. Provide augmentation to CSH surgical capabilities when not deployed forward.

PERSONNEL:

- | | |
|------------|--------------------------|
| 1. 3x61J | General Surgeon |
| 2. 1x61M | Ortho Surgeon |
| 3. 1x66H8A | Critical Care Nurse |
| 4. 2x66F | Nurse Anesthetist |
| 5. 1x66E | OR Nurse |
| 6. 1x66H | Med-Surg Nurse |
| 7. 1x70B | Health Svc Administrator |
| 8. 4x91B | EMT NCO |
| 9. 3x91C3 | Practical Nurse |
| 10. 3x91D | OR NCO |



Medical Logistics Battalion (FWD)

Personnel: 226
Mobility: HHD: 63%/Log Spt Co: 53%/Dist Co 88%/Med Det 75%
BOA: One per corps or three division sized elements.
Assigned To: Medical Brigade

MISSION: Provides class VIII supplies, optical fabrication, medical equipment maintenance support, and blood storage and distribution to divisional units operating in the supported corps.

MED LOG BN CAPABILITIES:

1. Provides class VIII supply, optical fabrication, med equip maint to a maximum force of 160,252 soldiers.
3. Log Spt Co receives, classifies, issues 148.6 STON of Class VIII daily, stores up to 1,486 STON of Class VIII, provides DS med maint, coordinates Class VIII distribution, coordinate emergency Class VIII resupply using aeromedical and ground evacuation assets.
4. Distribution Co receives, classifies, issues 103.2 STON of Class VIII daily, can provide support forward with two organic forward support platoons, provides mobile support teams capable of delivering unit-level med maint, provides DS med maint, coordinates Class VIII resupply.
5. Med Log Spt Det augments the unit with Class VIII, optical fabrication, and med maint spt. Receives, classifies, and issues Class VIII.

KEY EQUIPMENT:

- 7 x 4,000lb forklifts
- 7 x 6,000lb forklifts
- 4 x 10,000lb forklifts



Main Support Medical Company

Personnel: 114
Mobility: 100%
BOA: One per division, operates in DSA
Assigned To: Forward Support Battalion, DISCOM

MISSION: Provide Echelon I & II HSS to units operating in the division support area (DSA) and to provide reinforcement/reconstitution of supported FSMC elements.

MSMC CAPABILITIES:

1. Provide triage, initial resuscitation, and stabilization.
2. Prepares sick/injured/wounded patients for further evacuation.
3. Performs emergency/sustaining dental care and limited preventive dentistry.
4. Provides limited medical laboratory and radiology services.
5. Provides patient holding, up to 40 patients who will return to duty with 72 hours.
6. Reconstitutes/Reinforces FSMC's.
7. Provides ground ambulance support to units within the DSA.
8. Provides mental health support (limited psychiatric care) to combat stress casualties, evaluates effects of battle fatigue, operates the division mental health program.
9. Provides preventive medicine services to division units.
10. Provides optometry support, to include routine eye examinations, emergency treatment for eye injuries, and fabricates/repairs single-vision lens devices.
11. Operates the Division Medical Supply Office (DMSO), procuring/storing/distributing medical supplies for the division and performs maintenance on biomedical equipment.



Forward Support Medical Company

Personnel: 64
Mobility: 100%
BOA: One per FSB, operates in BSA
Assigned To: Forward Support Battalion, DISCOM

MISSION: Provide Echelon II HSS for organic and attached brigade elements and other units operating in the Brigade Support Area.

FSMC CAPABILITIES:

1. Provide triage, initial resuscitation, and stabilization.
2. Prepares sick/injured/wounded patients for evacuation.
3. Performs emergency/sustaining dental care and limited preventive dentistry.
4. Provides limited medical laboratory and radiology services.
5. Provides patient holding, up to 40 patients who will return to duty with 72 hours.
6. Provides ground ambulance support from BAS to FSMC and to units within the BSA.
7. Reconstitutes/Reinforces Battalion Aid Stations.

ORGANIZATION:

Company HQ
 Treatment Platoon
 Plt HQ
 Treatment Squad x 2
 Area Support Section (Area Treatment/Pt Holding/Area Support)
 Ambulance Platoon
 Platoon HQ
 Wheeled Ambulance Sqd
 Tracked Ambulance Sqd (Heavy/Cav Division Only)



Battalion Aid Station

Personnel: 40
Mobility: 100%
BOA: One unit per maneuver battalion
Assigned To: Battalion

MISSION: Provide Echelon 1 HSS to assigned battalion and attached sliceelements.

BAS CAPABILITIES:

1. Prevention of disease and illness through applied preventive medicine programs.
2. Acquisition and immediate treatment of the sick/injured/wounded.
3. Clinical stabilization of the critically injured or wounded.
4. Provision of routine medical care (sick call) and the immediate return to duty of soldiers fit to fight.

ORGANIZATION:

Headquarters Section
Treatment Squad (A & B)
Ambulance Section
Combat Medic Section (Line Medics)

Mechanized Infantry/Armor: 8 x M113 Armored Ambulances
Light Infantry/Airborne: 8 x M997/998 HMMWV Ambulances



MEDCOM SMART TEAMS

Personnel: Mission Driven
Mobility: 100%
Assigned To: US Army Medical Command

MISSION: Provide short duration, medical augmentation to regional domestic, Federal and Defense agencies responding to disaster, civil-military cooperative action, humanitarian and emergency incidents.

SMART TM CAPABILITIES:

1. Deploys within 12 hours of receipt of Warning Order
2. Provides technical assistance in area of specialty
3. Assists in determining follow on support requirements
4. Assists in transition of operations to follow on units or local civil authorities

COMPONENTS:

SMART-TCC (Trauma/Critical Care)
SMART-CB (Chemical/Biological)
SMART-SM (Stress Management)
SMART-MC3T (Med Command/Control/Comms/Telemedicine)
SMART-PM (Preventive Medicine/Surveillance)
SMART-B (Burn)
SMART-V (Veterinary)
SMART-HS (Health Systems Assessment and Assistance)



CORPS LEVEL MEDICAL UNIT DAILY SUPPLY USAGE

| Class | UI | CSH | FH | DS | VS | PM | EVAC | AA | GA | FST | CSC |
|---------|-----|-------|-------|------|------|-----|------|-------|-------|-----|------|
| I | lbs | 2700 | 1716 | 238 | 194 | 44 | 188 | 159 | 1641 | 132 | 96.7 |
| Water | gal | 23830 | 27390 | 602 | 532 | 85 | 376 | 1040 | 1413 | 327 | 177 |
| II | lbs | 2217 | 1455 | 217 | 176 | 37 | 173 | 477 | 1365 | 74 | 88 |
| III (B) | gal | 2112 | 1711 | 396 | 161 | 88 | 376 | 1040 | 19976 | 19 | 161 |
| III (P) | lbs | 308 | 220 | 34 | 28 | 5.6 | 27 | 66 | 219.5 | 10 | 14 |
| IV | lbs | 5412 | 3638 | 501 | 408 | 94 | 400 | 1105 | 3162 | 80 | 204 |
| V (M16) | rds | 23220 | 17496 | 1936 | 1560 | 504 | 1848 | 13020 | 6440 | 672 | 836 |
| V (M9) | rds | 2625 | 1560 | 45 | 90 | 30 | 210 | 2040 | 30 | 120 | 15 |
| VI | lbs | 1244 | 877 | 188 | 154 | 35 | 150 | 416 | 1190 | 64 | 77 |
| VII | lbs | 9075 | 6390 | 885 | 720 | 165 | 705 | 1950 | 5580 | 300 | 360 |
| VIII | lbs | 936.2 | 308 | 156 | 208 | 14 | 57 | 158 | 453.8 | 30 | 29.8 |
| Blood | un | 113 | | | | | | | | 61 | |
| IX | lbs | 1512 | 1065 | 148 | 120 | 27 | 117 | 325 | 930 | 50 | 60 |

FOR PLANNING PURPOSES ONLY

USAF Command and Control

22

Aeromedical Evacuation Coordination Center

MISSION: Serves as the operations center where overall planning, coordinating, and directing of AE operations are accomplished.

CAPABILITIES:

1. Advises the senior airlift commander on AE issues
 2. Coordinates the selection and scheduling of theater airlift aircraft allocated for AE mission
 3. Monitors AE crews
 4. Coordinates special medical equipment/supplies
 5. Maintains statistical data/provides reports
 6. Monitors resupply for subordinate AE units
 7. Monitors field equipment maintenance
 8. Serves as the HF radio net control station
- 1 x Flight Surgeon on 100% Tactical/ 80% Strategic
2 x Nurses
3 x Aeromedical Technicians

Aeromedical Evacuation Control Element

MISSION: Serves as the functional manager for AE operations at a specific airfield.

CAPABILITIES:

1. Supervises ground handling and on/off loading of patients
2. Manages special equipment requirement tracking
3. Arranges for casualty in-flight feeding
4. Coordinates mission prep, to include aircraft configuration.
5. Maintains comms between AECC, ASF, and MTFs



USAF Transport Teams

23

Aeromedical Evacuation Teams

Personnel: 5

Mobility: 100%

Assigned To: USAF Aeromedical Evacuation Squadron

MISSION: Provide in-flight supportive nursing care, 1 per 50 patients. Ensures aircraft is properly configured and loaded for aeromedical evacuation.

PERSONNEL:

1 x Flight Surgeon on 100% Tactical/ 80% Strategic

2 x Nurses

3 x Aeromedical Technicians

Critical Care Transport Teams

Personnel: 3

Mobility: 100%

Assigned To: USAF Medical Group

MISSION: Augments the traditional aeromedical evacuation team. Enhances in-flight capability without depleting forward medical resources.

PERSONNEL:

1 x Critical Care Physician

1 x Critical Care Nurse

1 x Respiratory Technician



USAF Liaison Teams

24

Aeromedical Evacuation Liaison Team

Personnel: 6

MISSION: Provides a direct HF radio communications link and immediate coordination between the user service requesting aeromedical evacuation and the AECC.

CAPABILITIES:

1. Coordinates casualty movement requests and movement activities between the AECC and the user service.
2. Determines the time factors involved for the user service to transport patients to the designated staging facility.
3. Determines requirements for special equipment and/or medical attendants to accompany casualties during flight.

PERSONNEL:

2 x MSC's
1 x Nurse
3 x RTO's



USAF Staging Facilities

25

Aeromedical Staging Facility

Mobility: Non-Mobile, Fixed Facility
Location: Located on or near an enplaning/deplaning airbase or airstrip. Strategic Aeromedical Evacuation.

CAPABILITIES:

1. 50 to 250 bed holding facility
2. Has physicians assigned.
3. Can hold patients for up to 24 hours.
4. Provides patient reception, administrative processing, ground transportation, feeding, and limited medical care for patients entering, en route to, or departing the aeromedical evacuation system.

Mobile Aeromedical Staging Facility

Assigned To: OPCON to AECC or AECE
Mobility: Mobile and Tactical
Location: Near runways/taxiways of forward airfields or operating bases. Tactical Aeromedical Evacuation.

CAPABILITIES:

1. 25-50 beds, 4-6 hour holding capability
2. Staffed by flight nurses/AE technicians, and RTOs
3. Notifies AECC when AE aircraft has departed.
4. Prepares patient manifests
5. Assist in configuring aircraft for patients.

USAF Elements Do Not Exchange Blankets and Litters!



USAF Air Transportable Assets

26

Air Transportable Clinic

Personnel: 4
Mobility: 100%, 1 463L Pallet, 2.1 short tons
Assigned To: Line Squadron

MISSION: Provides Echelon II outpatient medical support and ATLS support for 300-500 personnel assigned to line squadron.

PERSONNEL:
1 x Flight Surgeon
1 x General Practitioner
3 x Aeromedical Technicians

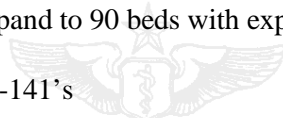
Air Transportable Hospital

Personnel: 131
Mobility: 100%, operational within 24 hours
Assigned To: USAF Medical Group

MISSION: Provides Echelon III medical care to designated units on an area support basis.

CAPABILITIES:
Worldwide deployable
Operational in 24 hours
ER, General Surgery, and Orthopedic Surgery
2 Operating Rooms
10/14, 25, or 50 bed increments
Can expand to 90 beds with expansion package

TRANSPORT: 7 x C-141's



US Navy Medical Assets

27

Hospital Ships (T-AHs)

Personnel: 947 Medical Personnel, 267 Non-Medical Personnel
Assigned To: FDO, NCA, CINC Asset
Staging Sites: USS Comfort (Baltimore, MD) USS Mercy (San Francisco, CA)
CAPABILITIES: Deploys 1000 beds (500 acute care, 400 intermediate care, 80 ICU, 20 recovery room; remaining 500 are minimal care beds for recuperation and recovery).

Navy Fleet Hospital

Personnel: 737 Medical Personnel, 241 Non-Medical
Mobility: 35%
Inventory: 10 Currently Staffed at 500 beds, 2 Currently Unstaffed at 100 beds (OOTW Asset)

MISSION: Full resuscitative surgery and emergency surgery for acutely wounded patients in CBTZ/COMMZ.

MEU Service Support Grp Med Plt

BOA: One per Marine Expeditionary Unit

MISSION: Provide medical officers and corpsmen for the expeditionary unit. Includes a dental section



US Navy Medical Assets

28

Naval Environmental & Preventive Medicine Unit

Mission: Provide specialized consultation, advice, recommendations, and technical services in matters of environmental health, preventive medicine, an occupational safety to Navy and Marine Corps shore activities and units of the operational forces in designated area of responsibility.

Services: Entomology, Environmental Health, Epidemiology, Industrial Hygiene, Consolidated Industrial Hygiene Laboratory

Unit Locations:

NEPMU-2 (Norfolk, VA)
NEPMU-5 (San Diego, CA)
NEPMU-6 (Pearl Harbor, HI)
NEPMU-7 (Sigonella, Italy)
DVECC (Jacksonville, FL)
DVECC (Bangor, WA)



EVACUATION CAPABILITIES

29

| | Litter | Ambulatory | |
|----------------|--------|------------|-------------------------|
| USAF | | | |
| C-130 | 70 | 85 | |
| C-9A | 40 | 40 | (15 Litter + 24 Amb) |
| C-141 | 103 | 147 | |
| C-5 | | 70 | |
| C-17 | 48 | 44 | |
| USArmy | | | |
| M113 | 4 | 10 | |
| M996 | 2 | 6 | |
| M997 | 4 | 8 | |
| LMTV | 12 | 16 | |
| C12 | | 8 | |
| C21 | 3 | 10 | |
| CH-47 | 24 | 33 | |
| UH-60A/Q | 6+1Amb | 7 | |
| UH-1H/V | 6 | 9 | |
| US Navy | | | |
| Mercy | 1000 | 1000 | |
| Comfort | 1000 | 1000 | |
| LHD | 604 | 604 | Amphib Assault Ship |
| LHA | 367 | 367 | GP Assault Ship |
| LPH | 222 | 222 | Helicopter Assault Ship |
| LPD | 14 | 14 | Amphib Transport Dock |
| LSD | 108 | 108 | Dock Landing Ship |
| LKA | 12 | 12 | Amphib Cargo Ship |
| LCC | 24 | 24 | Amphib Command Ship |
| CH-46 | 15 | 25 | |
| CH-53D | 24 | 55 | |
| V22 | 12 | 24 | Osprey |

MEDICAL PLANNING CHECKLIST

PREDEPLOYMENT

- o Country Survey
 - HN Medical Assets/Capabilities in Country
 - Infrastructure in Area of Operations (Roads, Airports, Medical Facilities, Ports)
 - Chemoprophylaxis Requirements
 - Medical Threat in Area of Operations
 - Climate for Area of Operations
- o Mission of Supported Units
- o Type of Unit/Size of Unit Supported
- o Requirements for Operations Other Than War (Humanitarian Assistance/Refugees)
- o Critical Medical MOS Fill for Deploying Units
- o Medical Soldier Readiness Checks/Preparation for Overseas Movement
- o Medical Support for Deployment Sites (Airheads/Railheads/Ports)

DEPLOYMENT

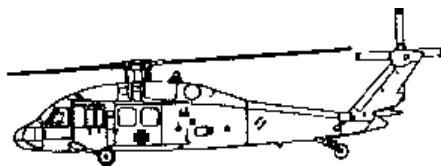
- o Allied Medical Assets/Capabilities in Theater (Location and POCs)
- o Joint Service Medical Assets/Capabilities in Theater (Location and POCs)
- o Availability of STRATEVAC Out of Theater
- o Evacuation Routes (Air/Ground) to Include Security, Travel Times, Distances, Pre-Planned Convoys
- o Landing Zone Identification and Preparation
- o Class VII Resupply Procedures, to Include Availability of Blood
- o Communication Systems in Place
- o Security Forces Available for Medical Assets/Convoys
- o Geographical Footprint of Supported Forces
- o Supported Unit's Organic Medical Capabilities
- o Field Sanitation Requirements
- o Theater Evacuation Policy
- o Medical Rules of Engagement
- o Theater Policy on Displaying Red Cross
- o Medical Rules of Engagement (Allies/Civilians/EPWs)
- o Casualty Estimates
- o Special Operating Forces in Theater Requiring Combat Health Support
- o Address All Medical Battlefield Operating Systems

REDEPLOYMENT

- o Medical Support for Redeployment Sites (Airheads/Railheads/Ports)
- o Medical Surveillance of Returning Personnel
- o Post-Deployment Chemoprophylaxis Requirements
- o Medical Lessons Learned/After Action Reports

CASUALTY EVACUATION CHECKLIST

- o S1, MED CO CDR, MED PLT LDR PREPARE CASEVAC OPLAN THAT IS COORDINATED WITH CO XO/ISG'S
- o ANTICIPATE CASUALTIES, PRIORITIZE ASSETS, MOVE BN ASSETS TO MAIN EFFORT
- o USE NON-STANDARD GROUND EVAC (NOT MED VEHS) FOR LIGHTLY WOUNDED
- o LOCATE BAS & TX TMS AS FAR FWD AS METT-T ALLOWS (CONSIDER EN ARTY/MTR'S)
- o MAINTAIN MOBILITY OF BAS
- o USE STANDARDIZED CHECKPOINT SYSTEM ON OVERLAYS. LET THEM SERVE AS ON ORDER CCP'S - MUST BE KNOWN TO SQUAD LDR LEVEL
- o MUST STOCK ENOUGH CLASS VIII FOR WORSE CASE SCENARIO (MASCAL)
- o TASK ORG & ALLOCATE CASEVAC ASSETS BASED ON PROJ CAS'S, DELIBERATE ATK, ATTACH ADDITIONAL ASSETS TO MAIN EFFORT TO AUGMENT CASEVAC
- o REQUEST ADDT'L CASEVAC & TREATMENT SPT FROM FWD SPT MED CO
- o PLAN & USE AMBULANCE EXCHANGE POINTS (AXP) WHEN EVAC ROUTE TAKES LONGER THAN 30 MINS
- o USE APPROPRIATE GRND/AIR EVAC BASED ON PATIENT CATEGORIES (URGENT/PRIORITY/ROUTINE) & METT-T
- o MAKE MAX USE OF TACTICAL AND LOG VEHICLES FOR CASEVAC (BACK HAUL)
- o USE MEDICAL SUPPORT MATRIX TO MANAGE ASSETS
- o TOC AND TAC MUST KNOW AID STATION LOCATION AT ALL TIMES
- o ATTEMPT TO MOVE AMBULANCES WITH CONVOYS
- o ISSUE LITTERS AND ADDTL CL VIII TO MANEUVER UNITS TO ASSIST IN CASEVAC. HAVE EACH SQUAD CARRY A POLELESS LITTER (NSN 6530-00-783-7510)
- o FOLLOW & SUPPORT WITH JUMP AID STATIONS. DESIGNATE CHECKPOINTS IN OPORD FOR AID STATIONS TO JUMP ON ORDER AS REQUIRED
- o MUST HAVE REDUNDANT COMMO PLAN
- o USE COLOR CODED TRIAGE SOP: COLORED SIGNS DURING DAY, CHEM LIGHTS AT NIGHT
- o AMBULANCES MUST DO RECONS
- o MED PLT LDR MUST GO FWD TO XO/ISG CP'S & COORDINATE CONTINGENCIES
- o MUST DESIGNATE, TRAIN SQD COMBAT LIFESAVERS, & PROVIDE EQUIP. 2 CBT LIFESAVERS PERS SQD. CARRY EXTRA RINGERS SOLUTION AND IV KITS
- o USE BATTLE ROSTER SYSTEM FOR REPORTING AND MANAGING CASUALTIES
- o ENSURE USE OF 1155/1156



JOINT MEDICAL PLANNING CHECKLIST

- WHO IS THE JOINT TASK FORCE SURGEON?
- WHAT IS THE JTF SURG'S REQUIREMENTS OF THE FOLLOWING?
 JTF DEPUTY SURGEON
 HEALTH SERVICE SUPPORT OPERATIONS
 HEALTH SERVICE LOGISTICS TO INCLUDE JOINT BLOOD PROGRAM
 ADMINISTRATION
 HEALTH SERVICES PLANNING
 DUTY-HOUR COVERAGE
- WHAT ARE THE SECURITY CLASSIFICATION REQUIREMENTS?
- WHO WILL COMPRISE THE JOINT SURGEON'S STAFF?
- WILL THE COMPOSITION OF THE JTF SURG STAFF FACILITATE OPTIMUM EMPLOYMENT AND SYNERGY OF EFFORT FOR THE JOINT MEDICAL FORCES IN THIS OPERATION?
- HAVE PROVISIONS BEEN MADE FOR ADQUATE OFFICE EQUIPMENT SUCH AS COMPUTERS, FACSIMILE (FAX) MACHINES, AND COMPATIBLE SOFTWARE FOR JOINT OPERATIONS AT THE JOINT OPERATING HEADQUARTERS?
- WHAT IS THE ORGANIC HSS CAPABILITY FOR THE DEPLOYING FORCES?
 -PATIENT EVACUATION AND MEDICAL REGULATION (STRAT/TAC)
 -HOSPITALIZATION
 -HEALTH SERVICE LOGISTICS, TO INCLUDE BLOOD MANAGEMENT
 -MEDICAL LABORATORY SERVICES
 -DENTAL SERVICES
 -VETERINARY SERVICES
 -PREVENTIVE MEDICINE SERVICES
 -COMBAT STRESS CONTROL SERVICES
 -AREA MEDICAL SUPPORT
 -COMMAND, CONTROL, COMMUNICATIONS, COMPUTERS, INTELLIGENCE
 -OTHER?
- WHAT ARE THE HSS REQUIREMENTS TO ADEQUATELY SUPPORT THE DEPLOYING FORCES (COMMANDER'S CONCEPT OF OPERATIONS) IN THE FOLLOWING AREAS?
 -PATIENT EVACUATION AND MEDICAL REGULATION (STRAT/TAC)
 -HOSPITALIZATION
 -HEALTH SERVICE LOGISTICS, TO INCLUDE BLOOD MANAGEMENT
 -MEDICAL LABORATORY SERVICES
 -DENTAL SERVICES
 -VETERINARY SERVICES
 -PREVENTIVE MEDICINE SERVICES
 -COMBAT STRESS CONTROL SERVICES
 -AREA MEDICAL SUPPORT
 -COMMAND, CONTROL, COMMUNICATIONS, COMPUTERS, INTELLIGENCE
 -OTHER?
- AFTER COMPARING HSS CAPABILITIES OF DEPLOYING FORCES AND HSS REQUIREMENTS, WHAT ARE THE REMAINING SHORTFALLS IN HSS?
- HAVE THESE SHORTFALLS BEEN IDENTIFIED THROUGH CHANNELS TO THE APPROPRIATE HEADQUARTERS, UNIFIED COMMAND?

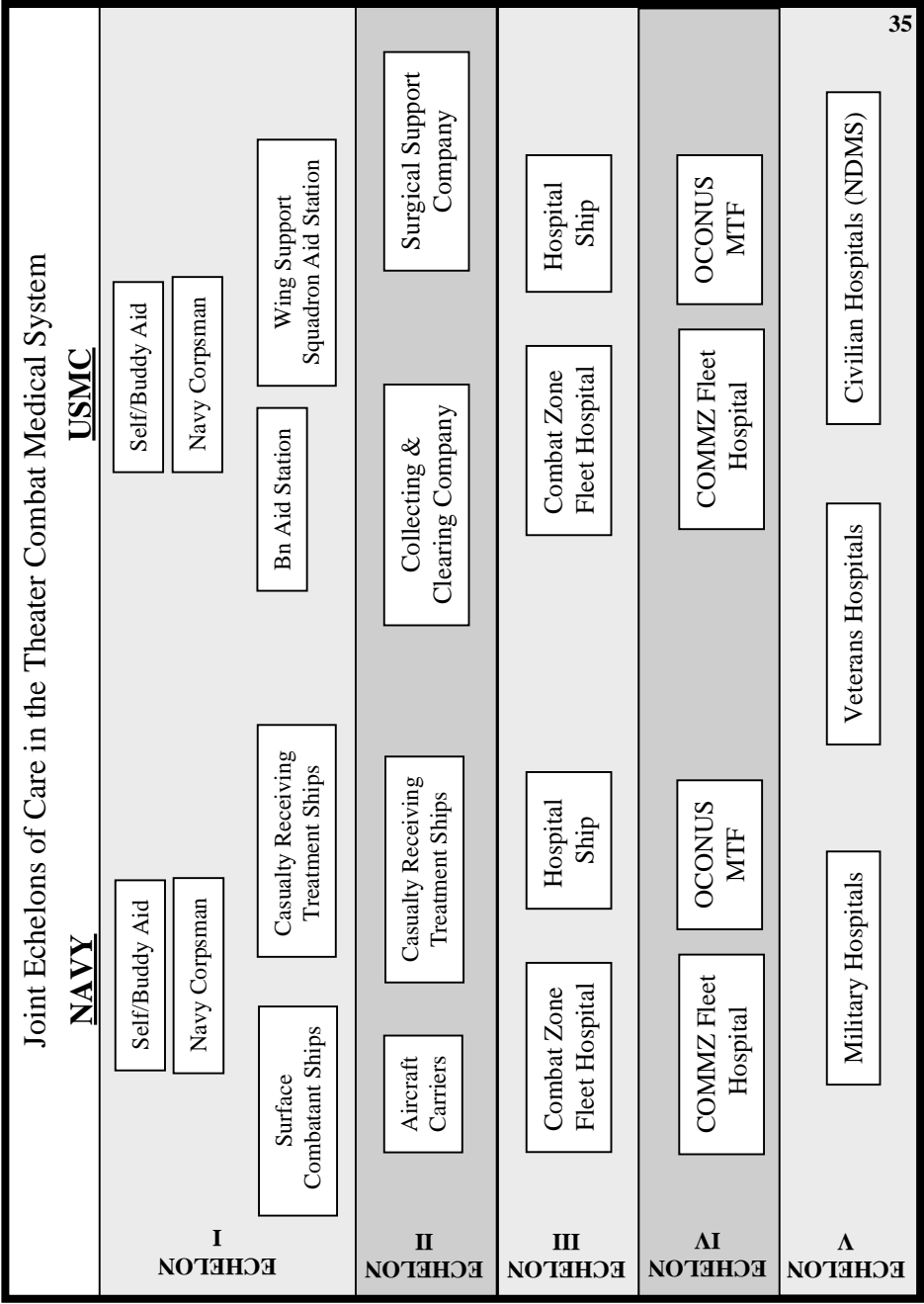


JOINT MEDICAL PLANNING CHECKLIST

- WHAT ARE THE INDIGENOUS/HOST NATION HSS CAPABILITIES?
- AS HSS UNITS ARE IDENTIFIED FOR DEPLOYMENT, ARE THE CRITICAL TRANSPORTATION COSTS SUCH AS THE NUMBER OF PASSENGERS, WEIGHT, CUBE, AND 463L PALLETS BEING IDENTIFIED AND COORDINATED WITH THE J4?
- DOES THE JTF SURG HAVE A COPY OF JOINT PUB 4-02
- HS THE CINC/JTF SURG COORDINATED WITH THE CIVIL AFFAIRS STAFFS, NGO'S, AND RELIEF ORGANIZATIONS FOR THE MANAGEMENT OF REFUGEES?
- CAN THE MEDICAL COMMAND AND CONTROL ELEMENTS COMMUNICATE WITH ALL CRITICAL PARTIES VERTICALLY AND Laterally? IF NOT, IS THERE A COMMUNICATIONS HARDWARE FIX?
- IS THE JOINT MEDICAL REGULATING SYSTEM/THEATER PATIENT MOVEMENT CENTER AND ATTENDANT COMMUNICATIONS EQUIPMENT IN PLACE?
- DOES THE CONTEMPLATED OPERATION FALL UNDER THE PURVIEW OF AN EXISTING OPLAN OF THE APPROPRIATE UNIFIED COMMAND?
- DOES THE HSS PORTION OF THE OPLAN REQUIRE REFINEMENT WHEN REVIEWED IN CONTEXT OF THE ABOVE FACTORS?
- DOES THE COTEMPLATED OPORD FOR THE JOINT FORCES ADDRESS ON CALL NON-MEDICAL TRANSPORTATION AUGMENTATION, AS REQUIRED, TO ACCOMMODATE SURGES IN MEDICAL EVACUATION MISSIONS?
- DOES THE JOINT SURGEON AND STAFF HAVE MEDICAL INTELLIGENCE ABOUT THE AOR TO INCLUDE BUT NOT LIMITED TO:
 - ENDEMIC/EPIDEMIC DISEASES
 - MEDICAL INFRASTRUCTURE
 - PUBLIC HEALTH STANDARDS AND CAPABILITIES
 - QUALITY OF HEALTH SERVICES
 - COMMUNICABLE ZOO NOTIC DISEASES
 - ADEQUACY OF LOCAL FOOD SUPPLIES
 - NBC THREAT OF OPPOSING FORCES
 - DIRECTED ENERGY CAPABILITIES OF OPPOSING FORCES
 - ENVIRONMENTAL DATA (WEATHER, ALTITUDE, TOPOGRAPHY)
 - POISONOUS FLORA AND FAUNA OF THE AOR
 - SOURCE OF LOCAL BLOOD DONORS AND QUALITY OF BLOOD TESTING
- WHAT ARE THE IMMUNIZATIONS/CHEMOPROPHYLAXIS REQUIREMENTS FOR THE AOR?
- ARE SPECIAL OPERATIONS FORCES INVOLVED?
 - WHERE WILL THEY BE OPERATING
 - DOES THE OPORD INCLUDE SUFFICIENT HSS TO COMPLEMENT SOF MEDICAL PACKAGES
- WHAT IS THE HSS CONCEPT OF OPERATIONS FOR THE MANAGEMENT OF EPW'S?
- HAVE THE CINC'S STRATEGIC/ENDSTATE GOALS BEEN IDENTIFIED AND CONSIDERED WITHIN THE PLANNING ISSUES?



| Joint Echelons of Care in the Theater Combat Medical System | |
|---|--|
| <div>ARMY</div> <div>AIR FORCE</div> | |
| ECHELON I | <div>Self/Buddy Aid</div> <div>Combat Lifesaver</div> <div>Combat Medic</div> <div>Bn Aid Station</div> <div>Self/Buddy Aid</div> |
| ECHELON II | <div>FSMC</div> <div>ASMB</div> <div>FST</div> <div>Squadron Med Element/ Air Transportable Clinic</div> <div>Air Transportable Hospital</div> |
| ECHELON III | <div>CSH</div> <div>Contingency Hospital</div> <div>Air Transportable Hospital</div> |
| ECHELON IV | <div>Field Hospital</div> <div>General Hospital</div> <div>Contingency Hospital</div> |
| ECHELON V | <div>Military Hospitals</div> <div>Veterans Hospitals</div> <div>Civilian Hospitals (NDMS)</div> |



HEALTH CARE DOCTRINE

36

Echelons of Health Care:

Echelon I: Care is rendered at the unit level and includes self aid, buddy aid, examination, and emergency life saving measures.

Echelon II: Care is administered at an HSS organization by a team of physicians or physician assistants, supported by appropriate medical technical or nursing staff.

Echelon III: Care administered requires clinical capabilities normally found in a medical treatment facility (MTF).

Echelon IV: Care is not only a surgical capability as provided in Echelon III, but also further definitive therapy for patients in the recovery phase.

Echelon V: Care is convalescent, restorative, and rehabilitative and is normally provided by military, Department of Veterans Affairs, or civilian hospitals in CONUS.

HEALTH CARE PRINCIPLES

Conformity

Mobility

Proximity

Continuity

Coordination

Flexibility

Patient Movement Contacts

37

CONUS

GPMRC, Scott AFB

DSN 576-6362/6161 Commercial: 1-800-874-8966

23d Med Gp, Pope AFB

DSN 424-2182, ext 2650

375th AES, Scott AFB

DSN: 576-5837

EUCOM

Ramstein, Joint Medical Regulating Office

DSN 480-8042/43

Landstuhl, Aeromedical Staging Facility

DSN 486-7374

86th AES, Ramstein Air Base

DSN: 480-2264/2643

PACOM

Yokota, Joint Medical Regulating Office

DSN 225-6675

Yokota, Aeromedical Staging Facility

DSN 225-3581/82/83

374th AES, Yokota

DSN: 225-4700/4707

SOUTHCOM

Joint Rescue Coordination Center, Howard Air Force Base, Panama

DSN 284-3545

ACOM works through EUCOM, SOUTHCOM, or GPMRC

CENTCOM works through EUCOM (peacetime) and TPMRC CENTCOM Surgeon (wartime)

MEDEVAC REQUEST

38

LINE 1 - Location of Pickup Site (8 Digit Grid Coordinate)

LINE 2 - Radio Frequency, Call Sign, and Suffix

LINE 3 - Number of Patients by Precedence

- A. URGENT
- B. URGENT - SURG
- C. PRIORITY
- D. ROUTINE
- E. CONVENIENCE

LINE 4 - Special Equipment Needed

- A - None
- B - Hoist
- C - Extraction Equip
- D - Ventilator

LINE 5 - Number of Patients by Type

- Litter - L + # of patients
- Ambulatory - A + # of patients

LINE 6 - Security of Pick Up Site (Wartime Only)

- N - No enemy troops in area
- P - Possible enemy troops in area (use caution)
- E - Enemy troops in area (use caution)

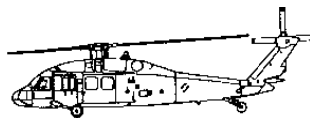
LINE 7 - Method of Marking Pick Up Site

- A - Panels
- B - Pyrotechnic Signal
- C - Smoke
- D - None
- E - Other

LINE 8 - Patient's Nationality and Status

- A - US Military
- B - US Civilian
- C - Non US Military
- D - Non US Civilian
- E - EPW

LINE 9 - Terrain Description (Peacetime)



HEALTH SERVICE SUPPORT ESTIMATE

39

CLASSIFICATION

Copy ____ of ____ Copies
Issuing Headquarters
Place of Issue
DTG of Signature
Message Reference Number

Health Service Support Estimate of the Situation

References:

1. MISSION: (Statement of the Overall HSS Mission)

2. SITUATION AND CONSIDERATIONS

A. Enemy Situation.

- (1) Strength and Disposition
- (2) Combat Efficiency
- (3) Capabilities
- (4) Logistic Situation
- (5) State of Health
- (6) Weapons

B. Friendly Situation.

- (1) Strength and Disposition
- (2) Combat Efficiency
- (3) Present and Projected Operations
- (4) Logistic Situation
- (5) Rear Area Protection Plan
- (6) Weapons

C. Characteristics of the Area of Operations.

- (1) Terrain
- (2) Weather and Climate
- (3) Dislocated Civilian Population and EPWs
- (4) Flora and Fauna
- (5) Disease
- (6) Local Resources
- (7) Nuclear, Biological, and Chemical and DE Weapons

D. Strengths to Be Supported.

- (1) United States Uniformed Services
 - (a) US Army
 - (b) US Navy
 - (c) US Marines
 - (d) US Air Force
 - (e) US Coast Guard

CLASSIFICATION

Continued

HEALTH SERVICE SUPPORT ESTIMATE

40

CLASSIFICATION

- (2) Department of Defense Civilians
- (3) Allied Forces
- (4) Coalition Forces
- (5) Enemy Prisoners of War
- (6) United States National Contract Personnel
- (7) Indigenous Civilians and Third Country Personnel
- (8) Detainees
- (9) Internees
- (10) Others

E. Health of the Command

- (1) Acclimation of Troops
- (2) Presence of Disease
- (3) Status of Immunizations
- (4) Status of Nutrition
- (5) Clothing and Equipment
- (6) Fatigue
- (7) Morale
- (8) Status of Training
- (9) Other, as Appropriate

F. Assumptions.

G. Special Factors (*Mention items of special importance in the particular operation to be supported such as unique conditions to be encountered in NBC/DE warfare or the impact of patients suffering from combat stress will have on the HSS system*).

3. HEALTH SERVICE SUPPORT ANALYSIS

A. Patient Estimates (Indicate rates and numbers by type unit/division)

- (1) Number of Patients Anticipated
- (2) Distribution Within the AO
- (3) Distribution in Time During the Operation (Evacuation Time)
- (4) Areas of Patient Density
- (5) Possible Mass Casualty
- (6) Lines of Patient Drift and Evacuation

B. Support Requirements

- (1) Patient Evacuation and Medical Regulation
- (2) Hospitalization
- (3) Health Service Logistics, to Include Blood Management
- (4) Medical Laboratory Services
- (5) Dental Services
- (6) Veterinary Services
- (7) Preventive Medicine Services

CLASSIFICATION

Continued

HEALTH SERVICE SUPPORT ESTIMATE

41

CLASSIFICATION

- (8) Combat Stress Control Services
- (9) Area Medical Support
- (10) Command, Control, Communications, Computers, & Intelligence
- (11) Others, as Appropriate

C. Resources Available

- (1) Organic Medical Units and Personnel
- (2) Attached Medical Units and Personnel
- (3) Supporting Medical Units
- (4) Civil Public Health Capabilities and Resources
- (5) Enemy Prisoner of War Medical Personnel
- (6) Health Service Logistics
- (7) Medical Troop Ceiling

D. Courses of Action *(As a result of the above considerations and analysis, determine and list all logical, COA which will support the commander's OPLAN and accomplish the HSS mission. Consider all SOPs, policies, and procedures in effect. Courses of action are expressed in terms of what, when, where, how, and why).*

4. EVALUATION AND COMPARISON OF COURSES OF ACTION

A. Compare the probable outcome of each COA to determine which one offers the best chance of success. This may be done in two stages:

(1) Determine and state those anticipated difficulties or difficulty patterns which will have a different effect on the COA listed.

(2) Evaluate each COA against each significant difficulty or difficulty pattern to determine strengths and weaknesses inherent in each.

B. Compare all COA listed in terms of of significant advantages and disadvantages, or in terms of major considerations that emerged during the above evaluation.

5. CONCLUSIONS

A. Indicate whether the mission set forth in paragraph 1 can/cannot be supported.

B. Indicate which COA can best be supported from the HSS standpoint.

C. List the limitations and deficiencies in the preferred COA that must be brought to the commander's attention.

D. List factors adversely affecting the health of the command.

/s/_____

Surgeon (Command)

Annexes: (As Required)

Distribution:

CLASSIFICATION

STAFF OPERATIONS

Staff Estimate Format

Deliberate Decision Making Process

Military Decision Making Process

COA Analysis

COA Briefing Format

Command and Support Relationships

Battle Information Management

Liaison Responsibilities

Rehearsal Checklist

Daily Commander's Update Format

Operations Order Format

Annex Sequence

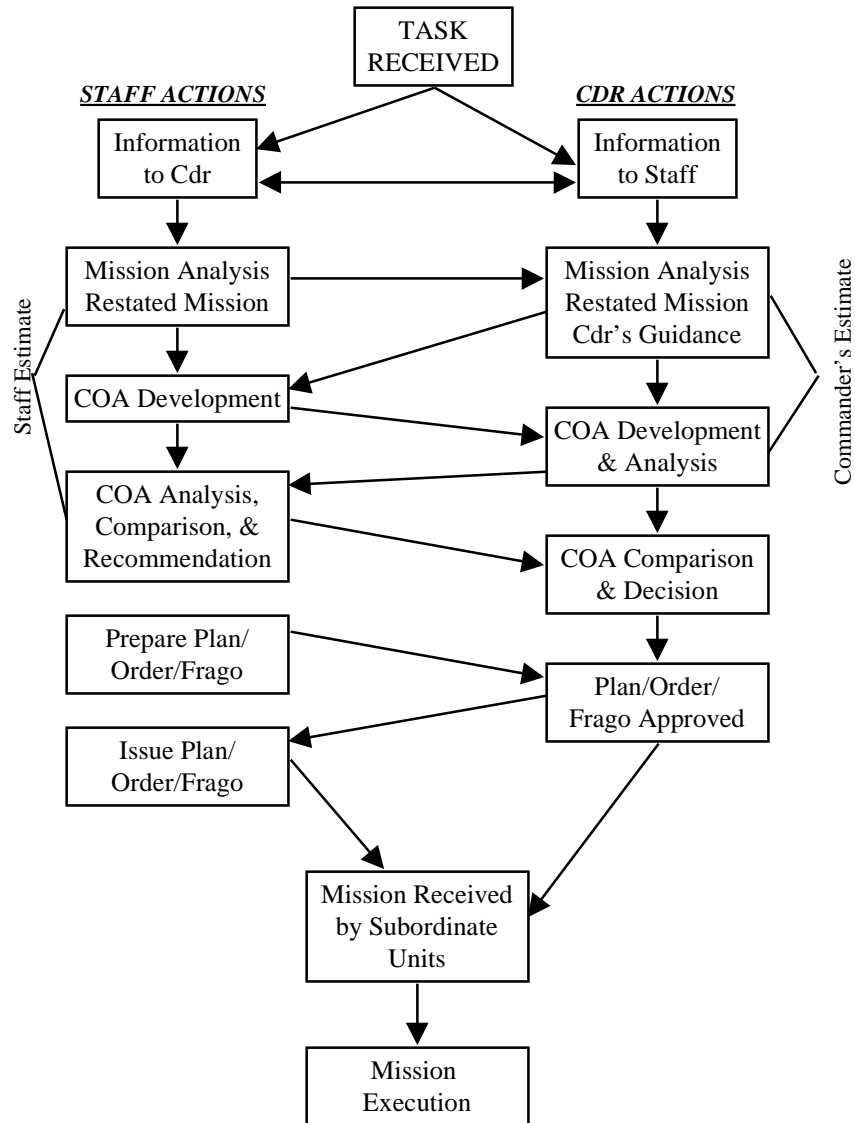
STAFF ESTIMATE FORMAT

43

1. **MISSION.** Restated mission resulting from the mission analysis.
2. **SITUATION AND CONSIDERATIONS.**
 - A. Characteristics of area of operations.
 - (1) Weather. How will different military aspects of weather affect specific staff area of concern and resources?
 - (2) Terrain. How will aspects of the terrain affect specific staff areas of concern and resources?
 - (3) Other Pertinent Facts. Analyses of political, economic, sociological, psychological, and environmental infrastructure, as they relate to the area.
 - B. Enemy Forces. Enemy dispositions, composition, strength, capabilities, and COAs as they affect specific staff area of concern.
 - C. Friendly Forces.
 - (1) Friendly courses of action.
 - (2) Current status of resources within staff area of responsibility.
 - (3) Current status of other resources that affect staff area of responsibility.
 - (4) Comparison of requirements versus capabilities and recommended solutions.
 - (5) Key considerations (evaluation criteria) for COA supportability.
 - D. Assumptions.
3. **ANALYSIS.** Analyze each COA using key considerations (evaluation criteria) to determine advantages and disadvantages.
4. **COMPARISON.** Compare COAs using key considerations (evaluation criteria). Rank order COAs for each key consideration. Comparison should be visually supported by a decision matrix.
5. **RECOMMENDATIONS AND CONCLUSIONS.**
 - A. Recommended COA based on the comparison (most supportable from specific staff perspective).
 - B. Issues, deficiencies, and risks with recommendations to reduce their impacts.

DELIBERATE DECISION MAKING PROCESS

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Military Decision-Making Process

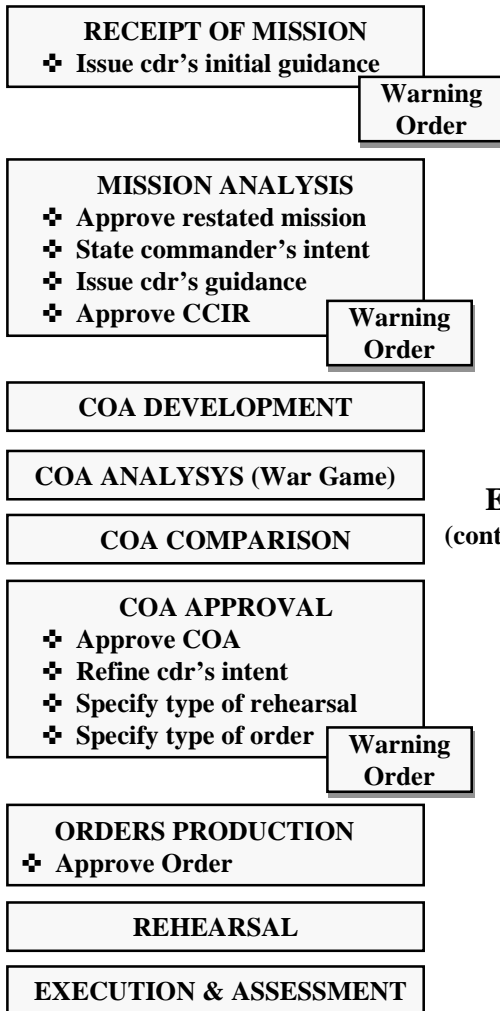
45

Commander May Conduct
Phases Independently or in
Conjunction with Staff

Staff Coordination is
Continual, Up and Down

Commander's
Estimate
(continual process)

Staff
Estimates
(continual process)



❖ *Commander's Responsibility*

TROOP LEADING PROCEDURES

46

1. Receive mission
2. Issue warning order
3. Make tentative plan
4. Start needed movement
5. Recon
6. Complete plan
7. Issue orders
8. Supervise, refine, and rehearse

ANALYSIS OF COURSES OF ACTION

1. Exploits enemy weaknesses
2. Takes weather into account
3. Uses best avenue of approach
4. Provides enough maneuver space
5. Provides fields of observation and fire
6. Provides cover and concealment
7. Support scheme of maneuver
8. Helps command and control
9. Forces provide mutual support
10. Responds to maneuver elements and reserve
11. Considers obstacles and key terrain
12. Helps speed of execution
13. Logistically supportable

COMMAND RELATIONSHIPS

47

ORGANIC: A unit that forms an essential part of an army unit and is listed in its table of organization and equipment or its table of distribution and allowances.

ASSIGNED: A unit that is placed in an organization on a permanent basis and is controlled and administered by the organization to which it is assigned for its primary function or the greater portion of its functions.

ATTACHED: A unit that is placed in an organization on a temporary basis, subject to limitation specified in the attachment order.

OPERATIONAL CONTROL (OPCON): A unit that has been provided to another commander to accomplish specific missions or tasks that are usually limited by function, time, or location. The commander may deploy the unit concerned and retain tactical control or he may assign tactical control of the unit to the subordinate commander. OPCON does not include administrative and logistic responsibility, discipline, internal organization, and unit training.

SUPPORT RELATIONSHIPS

DIRECT SUPPORT: A unit in DS of a specific unit is required to give priority of support to that unit. The supporting unit will take support request directly from the supported unit. A unit in DS has no command relationship with the supported unit and therefore cannot be suballocated, reassigned, or reorganized by the supported force.

GENERAL SUPPORT: A unit in GS will provide support to the total force and not to any particular subdivision of the supported force. Subdivisions and/or subordinate units may request support through the supported force headquarters, but only the supported force headquarters can determine the priorities and can assign missions to GS units.

GENERAL SUPPORT-REINFORCING: GSR is used primarily with arty units. The GSR arty unit is required to support the force as a whole and to provide reinforcing fires to another arty unit as a second priority.

REINFORCING: Reinforcing is also used primarily with artillery units. The reinforcing unit is required to give the priority of support to another artillery unit.

BATTLE INFORMATION MANAGEMENT

48

PLANNING PHASE

- o Specified, implied, and mission-essential tasks
- o Higher headquarters mission statement and intent
- o Weather data
- o Constraints and limitations
- o Critical facts and assumptions
- o Time line, to include expected enemy events
- o Restated mission
- o Task organization
- o Commander's guidance
- o COA development sketch
- o Synchronization matrix
- o Wargame worksheet
- o CCIR
- o COA comparison
- o Decision support matrix

Battle Preparation Phase

OFFENSIVE OPERATIONS

- o CL III/V status
- o Subordinate units order issue and rehearsal status
- o PCI tracking
- o Task organization completion status
- o Maintenance status
- o Combat power
- o Status of breach assets and rehearsals

BATTLE INFORMATION MANAGEMENT

Battle Preparation Phase

DEFENSIVE OPERATIONS

- o CL III/IV/V status
- o Obstacle completion status
- o Combat power
- o Survivability status
- o Engagement area (EA) and repositioning rehearsals
- o Target reference point (TRP) emplacement
- o Subordinate units order issue and rehearsal status

Execution Phase

- o Combat power
- o Unit locations and activities
- o CL III/V status
- o Enemy contacts, locations, and movements
- o Enemy BDA
- o Main and forward aid station locations
- o Brigade or division assets in sector (GSR, MPs, etc)
- o Status of adjacent units

Post Battle Phase

- o Unit equipment readiness
- o Unit personnel strength
- o Resupply status of CL III/IV/V
- o Unit locations
- o Consolidations and reorganization status
- o Maintenance and casualty collection status

COA BRIEFING FORMAT

50

1. Consists of 2 Briefings - The wargame brief & decision brief.
2. WARGAME BRIEF:
 - A. Prior to wargaming, the staff must know -
 - The terrain analysis for the area of operation
 - Enemy situation and capabilities
 - The friendly & enemy COA to wargame
 - The friendly forces available
 - What combat multipliers are available
 - The assumptions used
 - The list of critical events
 - The wargame technique to be used
 - The recording model
 - B. The briefing should include the -
 - Intent of higher headquarters
 - Updated intell estimate
 - Enemy COA wargamed
 - Assumptions
 - Visualization of the entire operation
3. DECISION BRIEF:
 - A. Briefer should be familiar with and have available -
 - The assumptions
 - The COA sketches and statements
 - Staff estimates
 - B. The decision briefing format includes -
 - The intent of higher headquarters
 - The restated mission (S3)
 - The status of own forces (S3)
 - The updated intell estimate (S2)
 - Own courses of action, including:
 - Assumptions used in planning
 - Results of staff estimates
 - Recommended COA

LIAISON OFFICER/NCO RESPONSIBILITIES

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1. GENERAL: When required, the battalion will send liaison teams with vehicles and radios to the Bde TOC, flank TF TOCs, and forward covering force TF TOC. The XO will designate and control liaison parties.
2. LNO Packet: Each liaison party will have the following minimum essential items prior to departure:
 - a. SOI
 - b. KY-13 with CNV loaded
 - c. Maps of area of operation
 - d. Bn/TF SOP
 - e. Complete OPLAN with all overlays
 - f. Updated Cdr's SITREPS to Co/Tm level
3. LNO Duties:
 - a. Maintain a continuous exchange of information between the two HQ's
 - b. Insure XO's at both HQ know LNO whereabouts at all times
 - c. Keep informed on locations, dispositions, and plans of own unit and make this information available to the visited HQ
 - d. Answer all requests for information in a timely manner
 - e. Maintain a journal and situation map
 - f. Be aggressive in seeking out information
 - g. Stay available to visited HQ's
 - h. Stay in communications with own TOC on the TF Cmd Net

LIAISON OFFICER CHECKLIST

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Prior to Departing from Assigned Unit:

- Clearly understand the mission and duties expected of you as LNO.
- Know the current situation of your assigned unit, including concept of operations, unit locations, combat power status, and status of critical supplies.
- Possess current graphics.
- Obtain information and liaison requirements from each staff section.

Upon Arrival at Supported Headquarters:

- Report to the Commander or XO, be prepared to brief unit situation.
- Establish communications with assigned unit.
- Visit each staff section and exchange information as required.

During Liaison Tour:

- Keep abreast of the situation of assigned unit and provide updated to supported Headquarters.
- Monitor and assist in the planning process of supported unit. This includes:
 - Advise staff on how to best employ assets of assigned units
 - Record all critical information and pass to unit as soon as possible. Include specified/implied tasks, mission-essential tasks, constraints/limitations
 - Receive and pass all enemy SITEMPs and other intelligence products as soon as possible
- Conduct adjacent unit coordination as appropriate.

Upon Return to Assigned Headquarters:

- Immediately brief Commander/XO/S-3 on information received.
- Exchange information with appropriate staff sections.
- Assist unit in conducting the TDMP.
- Be prepared to respond to additional liaison responsibilities.

REHEARSAL CHECKLIST

TYPE REHEARSALS (Note: Planning process MUST allow time for rehearsals)

- | | | |
|---------------|--------------|--------------|
| o Briefbacks | o Map | o TEWT |
| o Radio/Commo | o Sand Table | o Full Dress |

PURPOSE OF REHEARSALS

- o REINFORCE CONCEPT OF OPERATION
- o IMPROVE UNDERSTANDING, SYNCHRONIZATION
- o IDENTIFY CONTINGENCIES
- o VERIFY RESPONSIBILITIES & TIMING OF ACTIONS
- o CLARIFY BACK UP PROCEDURES
- o REFINE PLAN, DEVELOP/IMPROVE SYNCH MATRIX

REHEARSALS SEQUENCE

- o HAVE PREPARED REHEARSAL KIT
- o GET KEY BOS LEADERS TOGETHER, CDR MUST LEAD
- o ESTABLISH RECORDER TO UPDATE/DEVELOP SYNCH MATRIX
- o ALWAYS PREP BLOW UP SKETCH OF OBJ, DEPICTING CONTROL MEASURES
- o FSO PASSES OUT FIRE SPT EXECUTION MATRIX (TO PLT LEVEL), ENSURES ALL KNOW FS PLAN & CONTINGENCIES
- o S2 REFERS TO DST, PLAYS THE ENEMY & VERBALIZES EN ACTIONS & REACTIONS
- o CHALK TALK/WALK THROUGH
- o FOCUS ON OBJECTIVE FIRST, THEN OTHER KEY EVENTS & TIMING
- o LDRS STATE WHAT THEY DO DURING EACH CRITICAL EVENT
- o COUNTER ACTION TO EACH ENEMY ACTION IS IDENTIFIED
- o CONTINGENCIES ARE IDENTIFIED
- o REFINED PLAN MUST BE COMMUNICATED TO ALL KEY PLAYERS ASAP
- o REHEARSE FROM VANTAGE POINT DURING DEFENSE
- o QUICK LDR, FSO, EN BACKBRIEF IN ASSAULT POSITION, PRIOR TO ATK

DAILY COMMANDER'S UPDATE

54

XO

1. Special Topics
2. Status of Reports
3. Critical Tasks Next 12 Hrs
4. Time Schedule Next 24 Hrs

S-2

1. Weather Report & Effect on Ops
2. Terrain
3. Enemy Activity
4. Humint Collected from EPW/PT's

S-3

1. Mission/Intent of Higher
2. Summary of Past Ops in AO
3. Current Ops/Unit Mission & Intent
4. Projected Future Ops
5. Status of OPLANS & FRAGOS
6. Security/Fire Support Available
7. Task Organization
8. Recommendations to Cdr

NBC

1. Current MOPP Level
2. CW Threat/Enemy Capability
3. NBC Equip Shortages
4. Status of CDM

MRO

1. Bed Status of All Units
2. Location/Status of USAF Assets
3. Casualties Last 24 Hours

**Information is Power
Don't Keep It to Yourself!**

S-4

1. Equip Status
2. Maint Status w/ 2406
3. Supply Status (Red/Amber/Green)
4. Resupply/Services Schedule
5. Recommendations to Cdr

S-1

1. Unit Strengths
2. Projected Gains by MOS
3. Personnel Services
4. Religious Support Plan
5. Critical MOS Shortages
6. Projected Casualties
7. Cdr's Calendar

S-5

1. Host Nation Support Avail
2. COB Plan
3. CMO Activities Planned Next 24hrs
4. Displace Persons Requirements
5. Planned NEO Operations

S-6

1. Commo Status (All Systems)
2. Current SOI in Effect
3. Challenge/Password
4. Retrans Requirements

Slice Elements

1. Dental/PM/Vet/CSC Ops
2. MOS Shortages
3. Workload Status
4. Recommendations to Cdr

HHD Commander

1. Ration Cycle
2. Base Camp Security

Operations Order Format

55

CLASSIFICATION

Copy ____ of ____ Copies
Issuing Headquarters
Place of Issue
DTG of Signature
Message Reference Number

OPERATION PLAN/ORDER NUMBER (Code Name)

References:

Time Zone Used Throughout Order:

Task Organization:

1. SITUATION

- A. Enemy Forces.
- B. Friendly Forces.
- C. Attachments and Detachments.
- D. Assumptions (OPLAN Only).

2. MISSION

3. EXECUTION

- A. Concept of Operations.
 - (1) Maneuver
 - (2) Fires
 - (3) Reconnaissance and Surveillance
 - (4) Intelligence
 - (5) Engineer
 - (6) Air Defense
 - (7) Information Operations
- B. Tasks to Maneuver Units.
- C. Tasks to Combat Support Units.
 - (1) Intelligence
 - (2) Engineer
 - (3) Fire Support
 - (4) Air Defense
 - (5) Signal
 - (6) NBC
 - (7) Provost Marshal/MP
 - (8) PSYOP
 - (9) Civil Military

CLASSIFICATION

Continued

Operations Order/Plan Format

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CLASSIFICATION

D. Coordinating Instructions.

- (1) Time or Condition When a Plan/Order Becomes Effective
- (2) CCIR
- (3) Risk Reduction Control Measures
- (4) Rules of Engagement
- (5) Environmental Conditions
- (6) Force Protection

4. SERVICE SUPPORT

- A. Support Concept.
- B. Materiel and Services.
- C. Medical Evacuation and Hospitalization.
- D. Personnel.
- E. Civil Military.

5. COMMAND AND SIGNAL

- A. Command.
- B. Signal

ACKNOWLEDGE:

Name (Commander's Last Name)
Rank (Commander's Rank)

OFFICIAL:

Name
Position

ANNEXES:

CLASSIFICATION

Operations Order/Plan Annex Sequence

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| | |
|------------|--|
| Annex A | Task Organization |
| Annex B | Intelligence |
| Appendix 1 | Initial IPB |
| Tab A | Modified Combined Obstacle Overlay (MCOO) |
| Tab B | Enemy Situation Template |
| Tab C | Analysis of AO |
| Appendix 2 | Collection Management |
| Annex C | Operation Overlay |
| Annex D | Fire Support |
| Appendix 1 | Air Support |
| Appendix 2 | Field Artillery Support |
| Appendix 3 | Naval Gunfire Support |
| Annex E | Rules of Engagement |
| Annex F | Engineer |
| Appendix 1 | Engineer Overlay |
| Appendix 2 | Environmental Considerations |
| Annex G | Air Defense |
| Annex H | Signal |
| Annex I | Service Support |
| Appendix 1 | Service Support Overlay |
| Appendix 2 | Traffic Circulation and Control |
| Tab A | Traffic Circulation Overlay |
| Tab B | Road Movement Table |
| Tab C | Highway Regulations |
| Appendix 3 | Personnel |
| Appendix 4 | Legal |
| Appendix 5 | Religious Support |
| Annex J | Nuclear, Biological, and Chemical (NBC) Operations |
| Annex K | Provost Marshal |
| Annex L | Reconnaissance and Surveillance Operations |
| Annex M | Deep Operations |
| Annex N | Rear Operations |
| Annex O | Airspace Command and Control (AC2) |
| Annex P | Command and Control Warfare (C2W) |
| Annex Q | Operations Security (OPSEC) |
| Annex R | PSYOP |
| Annex S | Deception |
| Annex T | Electronic Warfare (EW) |
| Annex U | Civil-Military Operations (CMO) |
| Annex V | Public Affairs |

Per FM 101-5, Dated 31MAY97

BATTLEFIELD OPERATING SYSTEMS

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Battlefield Operating Systems
Fire Support Checklist
Call for Fire Checklist
Target List
Enemy Weapon Systems Range
Air Defense Operations
Intelligence Checklist
NBC Checklist
NBC Reports/MOPP Levels
RAMP/ROE Checklist
Advance/Quartermaster Party Operations
Advance/Quartermaster Party Checklist
ADVON/Quartermaster Party Actions
Combat Service Support Checklist
Supply Classes/Equipment Records
Convoy Operations
C4I Checklist
Radio Troubleshooting

BATTLEFIELD OPERATING SYSTEMS

MANEUVER
FIRE SUPPORT
AIR DEFENSE
INTELLIGENCE
MOBILITY AND SURVIVABILITY
COMBAT SERVICE SUPPORT
COMMAND AND CONTROL

ELEMENTS OF OFFENSIVE OPERATIONS

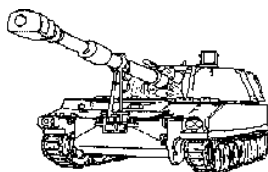
DEEP OPERATIONS
RECONNAISSANCE AND SECURITY OPERATIONS
MAIN AND SUPPORTING ATTACKS
RESERVE OPERATIONS
REAR OPERATIONS

ELEMENTS OF DEFENSIVE OPERATIONS

DEEP OPERATIONS
SECURITY FORCE OPERATIONS
MAIN BATTLE AREA
RESERVE OPERATIONS
REAR OPERATIONS

FIRE SUPPORT CHECKLIST

- o Establish “Get Set” time with arty, ammo, and FO’s in place
- o Targeting based on thorough IPB (use S-2’s situational template)
- o FSO must determine trigger points
- o Send FO’s with Scouts on infiltration attack and defense
- o Use AC-130, must have rehearsed commo plan
- o Detailed clearance of fires procedures
- o Company FS execution matrix must be based on company scheme of maneuver
- o Bn and company mortars must be used: Bn FSO C2 81mm MTRS from TOC
- o Use Q36 radar to protect BSA and AVN TF
- o Use dedicated FSO for BSA and Convoy FS plan
- o ADAM (AP)/RAAM Plan
- o FA S-2 and Bde FSO must exchange info with Bde S-2
- o FSO must briefback cdr’s mission and intent
- o After initial wargame, recon, then wargame again
- o Use “top down” planning and “bottom up” refinement
- o FS execution matrix must be event driven, not time driven
- o FSO must coordinate airspace with USAF LNO, AVN TF S-3, and S-3 Air
- o Redundant observers required on top priority targets
- o Rehearsal of fire support plan critical to mission accomplishment

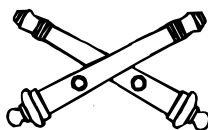


CALL FOR FIRE

1. **Identification** - Call Sign of Observer
2. **Method of Fire** - “Adjust Fire” or “Fire for Effect”
3. **Target Location** - Shift from a known point or 6 digit grid coordinate
4. **Target Description** - Troops, tanks, trucks, etc. and type of cover (in bunkers, in trenches, in the open, etc.)
5. **Method of Engagement** - Use “Danger Close” if target within 600m of friendly troops and type of ammunition (HE, Delay, VT, WP)
6. **Method of Control** - “At my command”
“When Ready” or “TOT”

Arty Freq:_____

Arty Call Sign:_____



TARGET LIST

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[illegible]

| Enemy Weapon Systems Range ⁶³ | | |
|--|---------------------|---------------|
| Type | Description | Range |
| D-30 | 122mm Howitzer | 15,300m |
| M-46 | 130mm Field Gun | 27,490m |
| M-1938 | 107mm Rocket System | 6300m |
| Type 59-1 | 130mm Field Gun | 27,490m |
| M65/G5 | 155mm Howitzer | 14,995m |
| M59 | 155mm Gun | 23,500m |
| D20 | 152mm Gun Howitzer | 17,410m |
| APR40 | 132mm MLRS | 20,400m |
| BM21 | 120mm MLRS | 20,400m |
| 2S9 | 122mm SP Howitzer | 7,000-12,000m |
| 2S3 | 152mm SP Howitzer | 17,230m |
| BM 21 | 122mm MRL | 20,500m |
| FROG 7 | Arty Rocket System | 70,000m |
| SS-1C | Scud-B | 180-300km |
| 2B14-1 | 82mm Mortar | 4,000m |
| | | |
| | | |
| | | |

AIR DEFENSE WARNING

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| | |
|--------|---|
| RED | Attack is IMMINENT or IN PROGRESS |
| YELLOW | Attack is PROBABLE |
| WHITE | Attack is IMPROBABLE |

WEAPONS CONTROL STATUS

| | |
|------------|--|
| Wpns FREE | Fire at any aircraft not identified as friendly |
| Wpns TIGHT | Fire only at aircraft positively identified as Hostile |
| Wpns HOLD | Fire only in self defense |

Passive Air Defense

1. Use covered and concealed routes and stationary positions
2. Cover glass and camouflage vehicles; do not skyline or outline
3. Maintain COMSEC and air guards
4. Specify visual and audible air warning signals in unit SOP
5. Enforce noise, light, litter discipline

INTELLIGENCE CHECKLIST

65

- o CDR MUST GIVE GUIDANCE, DEVELOP, SYNC, AND APPROVE RECON PLAN
- o INTEL PREP OF BATTLEFIELD & INTEL COLLECTION MUST FOCUS ON MISSION
- o FOCUS ASSETS ON OBJECTIVE
- o COUNTERRECON REQUIRES CENTRALIZED C2
- o MUST GET ACCURATE 6 DIGIT GRID ON ENEMY W/ OBSERVED FIRE
- o SOP: IF SCT PLT LDR CAN'T TALK TO CDR, HE MUST MOVE
- o SCTS MUST BE EXPERTS AT COMMO, MUST USE DIRECTIONAL ANTENNAS
- o SCOUTS/RECON UNITS MUST HAVE REDUNDANT COMMO
- o CDRS, S2, AND S3 MUST FOCUS ON ENEMY TACTICS, WEAKNESSES OR BATTLE DRILLS & HOW TO COUNTER THEM
- o IF POSSIBLE, HAVE MOBILITY FOR SCOUTS
- o REDUNDANT EYES ON OBJECTIVE/ CONTINGENCY PLAN FOR COMPROMISE
- o AGGRESSIVELY SEEK ALL AVAILABLE INFO: ARTY, S2, FSO, AC-130, ADA, CIVILIANS, PATIENTS, HIGHER HQ'S
- o MUST HAVE PATROL PLAN
- o SHOW ENEMY DECISION POINTS ON DST. HAVE PLAN TO COUNTER THEM
- o S2 INTERVIEWS ALL PATIENTS FOR INTEL
- o ID CHOKE POINTS IN BATTLE AREA TO DETERMINE HIGH CASUALTY AREAS
- o MONITOR AVIATION NET FOR INTELL ON BATTLE
- o ANALYZE TERRAIN FOR EVAC ROUTES, AFFORDING HIGH COVER AND CONCEALMENT AND TRAFFICABILITY
- o KNOW THE ENEMY TEMPLATE




NBC CHECKLIST

66

- o ENSURE NBC EQUIPMENT IS FUNCTIONAL FOR OPERATION/ALL MTOE EQUIP OH
- o UNITS TRAINED ON CHEM CAS CARE/MES'S OH
- o ID ALL TRAINED DECON TMS IN TF
- o ALL SM'S HAVE IPE OH PRIOR TO DEPLOYMENT
- o RAD/BIO/CHEM DETECTION TM TRAINED AND ID'D
- o SMALL UNIT LEADERS NBC KNOWLEDGE IS THE KEY TO SUCCESS
- o SEPARATE CASUALITIES/HAVE PLANS FOR NBC CASEVAC
- o MONITOR MOPP STATUS CLOSELY
- o COORDINATE DECON/SMOKE OPERATION AT BDE/BN/CO/PLT LEVEL
- o ENSURE SUBORDINATE UNITS ARE ALERTED FOR POSSIBLE ATTACK
- o ENSURE CHEMICAL DEFENSE EQUIPMENT IS DISTRIBUTED & OPERATIONAL
- o CONDUCT MOPP ANALYSIS & ESTABLISH MINIMAL MOPP LEVEL. DISSEMINATE TO SUBORDINATE UNITS.
- o ALERT NBC TEAMS (M8 ALARM OPERATORS, M256 DETECTION TMS, NBC MARKING TMS) TO PREPARE EQUIP
- o ALERT UNIT TO CONDUCT AUTOMATIC MASKING UPON RECEIVING ARTY ATK
- o RECON FOR POSSIBLE DECON SITE & ALERT SUPPORTING DECON SITE
- o ESTABLISH A PLAN FOR NBC CASEVAC, NOTIFY BAS AND RTOC
- o COVER EXPOSED EQUIPMENT AND SUPPLIES
- o DISPERSE, DIG IN AND MAKE MAX USE OF OVERHEAD COVER

| MOPP LEVEL | BDO | BOOTS | MASK | GLOVES |
|-------------------|------------|--------------|-------------|---------------|
| 0 | CARRIED | CARRIED | CARRIED | CARRIED |
| 1 | WORN | CARRIED | CARRIED | CARRIED |
| 2 | WORN | WORN | CARRIED | CARRIED |
| 3 | WORN | WORN | WORN | CARRIED |
| 4 | WORN | WORN | WORN | WORN |

| NBC-1 REPORT | |
|--|-----------------------------------|
| LINE | ITEM |
| B | Position of Observer |
| C | Direction of Attack from Observer |
| D | DTG of Detonation |
| E | Location of Attack |
| H | Type of Burst/Agent (Air/Surface) |
| UNMASKING PROCEDURES | |
| <p><i>With Detection Kit</i></p> <ol style="list-style-type: none"> 1. If no chem agent detected, have 2 soldiers unmask in shade for 5 mins, remask for 10 mins 2. Check for symptoms; if none, others may unmask; remain alert for symptoms <p><i>Without Detection Kit</i></p> <ol style="list-style-type: none"> 1. Have 2 soldiers hold breath and break seal of mask for 15 seconds, eyes open 2. Reseal, clear and check masks, wait 10 mins 3. Check for symptoms; if none, break seal of mask, take 2-3 breaths, repeat step 2 4. If no symptoms, have soldiers unmask for 5 mins, remask for 10 mins 5. Check for symptoms; if none, others may unmask; remain alert for symptoms | |
|  | |

RAMP/ROE CHECKLIST

68

Return fire with aimed fire.

Anticipate attack.

Measure the amount of force that you use, if time and circumstances permit.

Protect with deadly force only human life, and property designated by cdr.

RULES OF ENGAGEMENT CONDITIONS

ROECON GREEN

- Applies when no discernable threat of hostility exists.
- Places force in a routine security posture.
- Involves minimal arming, and protection only of the force and key facilities.

ROECON AMBER

- Applies when there is a discernible threat of hostile activity, but not enough of a threat to justify ROECON RED.
- Does not generally apply where higher HQ has formally identified a hostile force.
- Provides for arming additional key personnel, establishment of roadblocks and barriers, security patrols, and increased availability of ordnance.

ROECON RED

- Applies when an actual attack on US forces occurs, a threat of imminent attack exists, or higher HQ has formally identified a hostile force in theater.
- Directs the force to continue the protection measures detailed in the lower ROECONs, while arming all levels of approval authority on select weapon systems.
- Group will supplement the soldier's RAMP by providing specific hostility criteria to assist in implementing the "A - Anticipate" attack principles.

*** This checklist supplements Fort Bragg Regulation 350-41, Chapter 22.**

ADVON/QUARTERING PARTY OPERATIONS

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MISSION: To establish operations base camp and integrate all subordinate units into the base defense plan. Command and control for the advanced/quartering party will be provided by the XO and S-3.

PRIORITY OF WORK:

1. Establish Security
2. Establish Comms with TF Main
3. Establish Initial Defense
4. Stake Ground for Hospital
5. Determine Locations for Follow on Elements
6. Act as Guides for Main Body Arrival

ORGANIZATION:

Advance Party Command and Control:

- (a) Operations OIC and NCOIC
- (b) Radio Operator

Team Security: Minimum of 8 personnel

Hospital Staking Team:

- (a) Team Leader
- (b) Minimum of 9 personnel (3 PLX, 5 Med Co, 1 S-4)
- (c) Equipment: Tape measure/550 cord/markings equip

Quartering Party

- (a) TF XO
- (b) TF personnel as determined by mission requirements

NBC Team

- (a) TF NBC NCO
- (b) 1 x NBC equipment operator
- (c) Equip: AN/PRD27, IM93, IM174, M8, M256, Markers

Mine Clearing Force

- (a) NCOIC
- (b) 2 personnel (1 operator, 1 marker)
- (c) Equip: Mine detector, markers, non-metallic probe

ADVANCED/QUARTERING PARTY CHECKLIST

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PERSONNEL

- A. Full accountability of personnel
- B. Mission briefing completed
- C. Soldiers backbrief OIC
- D. Packing list checked

INTELLIGENCE

- A. All maps posted
- B. Soldiers Know Challenge/Password
- C. Leaders have list of sensitive items
- D. Vehicle bumper numbers are covered

NBC

- A. MOPP gear serviceable
- B. Soldiers know MOPP level and alert procedures
- C. NBC NCO has team briefed and equipment on hand

COMMUNICATIONS

- A. ANCD has been filled
- B. Radio checks completed on all radios
- C. Personnel know call signs

VEHICLES AND EQUIPMENT

- A. Weapons clean, ammo on hand
- B. Load plans verified
- C. Water and fuel cans filled
- D. Tow bar on hand
- E. Vehicles dispatched/drivers licensed
- F. PMCS completed on all vehicles
- G. Rations provided to all personnel

REHEARSE, REHEARSE, REHEARSE!

ADVON/QUARTERING PARTY ACTIONS

71

- o OIC establishes fire support plan for route
- o Party departs NLT 12hrs prior to main body movement
- o Party travels on prescribed route as outlined in opord
- o Upon arrival at assembly area, party halts, establishes local security
- o Security, NBC, and mine detector teams move forward and secure location
- o Upon receiving all clear, remainder of team moves into area
- o Comms established with TF Main
- o Perimeter security is overseen by S-3
- o Security force mans LP/OPs
- o Staking team begins laying out hospital

COMBAT SERVICE SUPPORT CHECKLIST

72

- o CASUALTY EVACUATION - HAVE AN OPLAN THAT INCLUDES BOS SYNCHRONIZATION
- o SUPPLY OF CLASS IV REQUIRES DETAILED C2 AT DISTRIBUTION
- o XO OR 1SG MUST KEEP TRACK OF CLASSES OF SUPPLY & ALL PERSONNEL MEDEVAC'D
- o AVOID PEICEMEALING DEDICATED TRANS ASSETS OUT TO MANEUVER COs
- o STANDARDIZE SUPPORT TO ALL ATTACHMENTS - HAVE SOP SPT PKGS
- o HAVE A PLAN TO RESUPPLY SQD/PLTS W/ REPLACEMENTS SENT FWD
- o DRIVERS TRAINING PROGRAMS MUST INCLUDE SELF/LIKE RECOVERY
- o STAFF JOURNAL MAINTAINED
- o ROAD CLEARANCES REQUESTED FOR ALL CONVOYS
- o PARKING PLAN ESTABLISHED
- o CASUALTY LOG ESTABLISHED & MAINTAINED (USE TACCS)
- o A/L ESTABLISHED AS NCS. NET DISCIPLINE ENFORCED
- o FIELD SANITATION/TRASH DISCIPLINE/DISPOSAL PLAN
- o PREWRITTEN ORDER FORMATS FOR ADVON/QTR PARTY/CONVOYS
- o CSS COORD W/ FWD/ADJACENT/REARWARD/INTERNAL UNITS
- o MP MISSIONS PRIORITIZED
- o CSS FOCUSED ON MAIN EFFORT
- o MAXIMIZE AIR RESUPPLY
- o RACO: BOS PLAN (FIRE SPT/ADA SPT/REACTION FORCE/ENGINEER PLAN)
- o S1 MUST HAVE DETAILED CMO PLAN: CLUSTER POINTS/EVAC PLAN/USE OF CA TEAMS/PLAN FOR HUMINT
- o ALL CONVOYS MUST BE BOS SYNCHRONIZED
- o ALL CP VEHICLES MUST CARRY CL IV AS PART OF THEIR BASIC LOAD
- o BN RPTS MUST MATCH BDE RPTS IN CONTENT & AS OF TIMES

Classes of Supply

73

| | |
|------------|--------------------------------|
| Class I | Subsistence |
| Class II | General Supplies and Equipment |
| Class III | POL |
| Class IV | Construction |
| Class V | Ammo |
| Class VI | Personal Demands |
| Class VII | Major End Items |
| Class VIII | Medical Material |
| Class IX | Repair Parts |
| Class X | Non Military Items |

GROUND EQUIPMENT RECORDS

| | |
|------------|--|
| SF 91 | Operator Report on Motor Vehicle Accidents |
| DD 314 | Preventive Maintenance Schedule and Record |
| DA 2401 | Organizational Control Record for Equipment |
| DA 2404 | Equipment Inspection & Maintenance Worksheet |
| DA 2405 | Maintenance Request Register |
| DA 2407 | Maintenance Request |
| DA 2408-4 | Weapon Record Data |
| DA 2408-20 | Oil Analysis Log |



CONVOY OPERATIONS

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1. Request convoy clearance and SP time
2. Verify route security with S-3
3. Recon route from AA to SP
4. Conduct convoy brief
5. PMCS vehicles, top off, conduct commo checks
6. Rehearse actions on ambush and occupation of new AA
7. Link up with MP escort if available

CONVOY BRIEF

1. Convoy route, speed, and interval between vehicles
2. Actions on ambush
3. Location of leaders within convoy
4. Issue map overlays or strip maps, ID checkpoints, RP
5. Identify air guards
6. Assumption of command if convoy splits
7. Enemy threat (NBC markings)
8. Rules of engagement
9. Civilian traffic on route
10. Priority of work upon arrival in new AA

**REQUEST CLEARANCE FROM S-3 PRIOR TO CROSSING
LINE OF DEPARTURE. CALL IN ALL CHECKPOINTS.
REHEARSE, REHEARSE, REHEARSE!**



COMMAND, CONTROL AND COMMUNICATIONS CHECKLIST

75

- o KEEP STAFF & SLICE TOGETHER UNTIL PLAN IS COMPLETE, S-4 COMES TO TOC
- o RIGIDLY ENFORCE TIME SCHEDULE. MUST MAKE TIME FOR BACK BRIEFS & REHEARSALS
- o WARGAME CDR'S COA & DEVELOP DST & SYNCH MATRIX
- o BOS BRIEFBACK: MISSION, INTENT, INITIAL CONCEPT IMMEDIATELY AFTER OPORD
- o INTEGRATE C2 MEASURES, MANEUVER, OBSTACLES, AND FIRES IN DETAIL DURING REHEARSALS
- o USE OPSKEDS
- o DROP TO INTERNAL NETS IF UNITS DO NOT ANSWER
- o KEEP RADIO ON OLD FREQUENCY TO POLICE UP UNITS WHO DID NOT CHANGE
- o CROSS TALK BETWEEN COMPANY CDRS IS A PREREQUISITE FOR SUCCESS
- o KNOW ANTI-JAMMING CODEWORD & SOP
- o KNOW SOI, VINSON COMPROMISE CODEWORD & SOP
- o OPERATION ON O/I OR OTHER NET & CHANGE TO CMD FREQ 2 HRS BEFORE MISSION EXECUTION IN CASE EN HAS LOCKED ONTO YOUR FREQUENCY
- o PRECOMBAT INSPECTION REQUIREMENTS IN OPORDS
- o HAVE "FILL IN THE BLANK" WARNING ORDERS, FRAGOS, OPORDS ON FILE
- o TAC ROE IN OPORD
- o FACE TO FACE COORD WITH LDRS, ADJACENT UNITS WHENEVER POSSIBLE
- o TOC DESTRUCTION SOP
- o MAKE ALOC MONITOR THE BATTLE: C2 REDUNDANCY

RADIO TROUBLESHOOTING

1. Check frequency setting
2. Check battery
3. Check antenna
4. Check ALL connections from battery to antenna
5. Check ALL power and positions switches
6. Replace CVC or handset
7. Check position for terrain mask
8. Check antenna top section; repair if needed

DEVELOP COMMO PLAN

1. Conforms to format IAW FM 101-5
2. Supports the commo requirements of all specified and implied missions of the command
3. Is consistent with unit capabilities
4. Provides for maintenance support
5. Provides for interface with higher, lower, and adjacent units
6. Provides for COMSEC
7. Anticipates electronic warfare threat
8. Ensures that all signal/commo policies are followed as directed in SOI and OPLAN



TOC OPERATIONS

Guide to a Happy TOC

TOC NCOIC Checklist

TOC Checklist

TOC OIC/NCOIC Duties

TOC Battle Drills

CPT SMITH'S GUIDE TO A HAPPY TOC

- | | |
|---------------------------------|-------------------------------------|
| o Current Graphics Posted | o Staff Journal Updated |
| o Fire Support Overlay O/H | o Map Symbols O/H |
| o CSS Overlay O/H | o Freqs for CAS |
| o A2C2 Overlay O/H | o Sector Sketch Posted |
| o Large Grid Designators Posted | o Brief Sequence /Times Posted |
| o Wind Direction Arrow | o Pwr Gen Maint Posted |
| o Map Posted w/ | o Remotes Labeled |
| -All TOC/TAC Locations | o Field Desks Restocked |
| -Subordinate Units | o Charts Standardized |
| -BSA/DSA/CSA/MSR's | o Wall Clocks Posted |
| o S-2 | o Weather Update Posted |
| -Enemy Situation Template | o Light Data Posted |
| -Enemy Arty Ranges | o A/C Mission Chart |
| -Timelines | o Report Suspense Updated |
| o Sync Matrix Posted | o Commo Checks Completed |
| o LD/LC/FLOT Posted | o Key Personnel Sleep Plan/Location |
| o Bde Status Chart Updated | o Classified Waste Destroyed |
| o All OPORDERs O/H | o TOC Clean Up Plan |
| o Current FRAGO O/H | o Fresh Coffee O/H |
| o Current INSUM O/H | o TA 3-12 Lines Checked |
| o Threatcon Level Posted | o Fax/MSRT/MCS/DNVT Up |
| o Alert Warnings Posted | o Briefing Tent Organized/Clean |
| o MOPP Level Posted | o TOC Cleaned up |
| o ADA Condition/Status Posted | o Chow Times/Ration Cycle |
| o Current CDM Posted | o Weapon Accountability |
| o Task Organization Posted | o Correct Uniform In TOC |
| o Cdr's Intent Posted | o Vehicle PMCS Completed |
| o Call Signs/Freq Verified | o Keep It In Perspective |

TOC NCOIC CHECKLIST

- | | |
|--|---|
| <ul style="list-style-type: none"> o Inspect Fighting Positions o Enforce Sleep Plan o Coordinate LogPac/Resupply o Enforce Soldier Standards <ul style="list-style-type: none"> -PMCS Equipment -Hygiene -Correct Uniform o Enforce Noise/Light Discipline o SM/Equip Accountability o Coordinate Local Security o Post Locations of Key Units o Track BDA o Post Maint Status o Post Supply Status o Post Enemy Activities o Enforce TOC Rules o Rehearse Immediate Actions o Supervise Freq Changes o Coordinate Shift Change o Ensure Reports Are Submitted o Conduct TOC Site Recon o Conduct PCIs Prior to Movement o Distribute Strip Maps o Designate Fighting Positions o Ensure Convoy Security o Control TOC Access o Tie In Security With Units In AO o Lead JUMP TOC | <ul style="list-style-type: none"> o Generators Sandbagged o Vehicles/Gen Refueled o Constant Area Improvement o KEEP THE BATTLE CAPTAIN OUT OF TROUBLE! OPERATION PLANNING DUTIES o Assist in COA Formulation o Prep Materials For Briefings o Assist In Briefings o Distribute OPORDS To Units o Publish Plans, Orders, And Reports o Develop Target List o Develop Obstacle Plan o Coordinate Rehearsals o Prepare Order Briefs o Coordinate Casualty Evacuation o Consolidate Orders Input o Establish Deception Plan o Plan Hasty Dislocation o Coordinate IPB o Maintain Publications o Monitor Computer/Disk Use o Oversee OPSEC In TOC o Control Map Board o Radios Operational & Manned o Fighting Positions Designated o TOC Duty Shifts Established o Prepare Area For Rehearsals |
|--|---|

TOC CHECKLIST

80

- o 4 TOC SYSTEMS IN PLACE: RULES, REFERENCES & BACKGROUND DATA, STATUS BOARDS, TOC JOURNAL
- o TOC RULES: SHIFT CHANGEOVER BRIEFS, SHIFT HOT WASHES (LESSONS LEARNED PASSED TO NEXT SHIFT), OIC/NCOIC STAYS OFF RADIO AND LETS RTO DO HIS JOB, BN TRACKING, PLT LOCATIONS & CBT EFFECTIVENESS, TOC JUMP SOP, SOP FOR CHEM LIGHTS (NO GENERATOR), FIRE EXTINGUISHERS O/H/ DAILY CDR'S UPDATES, NO EATING, SMOKING, SLEEPING IN TOC
- o OPS, FIRE SPT, S2 MAP NEXT TO EACH OTHER
- o STANDARDIZED OVERLAYS WITH STANDARDIZED GRID REFERENCE MARKS
- o NCOIC/OIC/TOC SHIFT CHART (W/ DESIGNATED SLEEP PLAN & SLEEP LOCS)
- o FIELD FOOT LOCKER W/ SOP PACKING LIST POSTED AND UPDATED
- o LESSONS LEARNED CHART
- o FILL IN THE BLANK OPORDER FORMS ON HAND
- o WEAPONS LIMITATION AND BASIC DATA CHART FOR PLANNING
- o MEDEVAC PROCEDURES CHART POSTED ABOVE RTO'S DESK
- o FIRE ESCAPE PLAN
- o FORMS FILE
- o ALPHA ROSTER/BATTLE ROSTER/EQUIPMENT MATRIX CHART
- o RTO CHEAT SHEETS PREPARED AND UPDATED
- o FREQUENCY CHANGE OVER PLAN W/ ONE RADIO ON OLD FREQ TO POLICE UP NET
- o SOI COMPROMISE/ANTI-JAMMING SOP
- o NBC TEAMS IDENTIFIED, TRAINED, AND USING EQUIPMENT
- o DEFENSIVE SECTOR SKETCH WITH RANGE CARDS
- o AUTOMATIC WPNS ON HIGH SPEED AVENUES OF APPROACH

TOC CHECKLIST CONTINUED

81

- o WEATHER POSTED & ANALYZED W/ FRIENDLY & EN EFFECTS OUT TO 72 HRS
- o LOCATIONS CHARTS ON HAND & UPDATED
- o MANDATORY REPORTS CHART ON HAND & UPDATED BY TOC OIC/NCOIC
- o COMMO STATUS CHART ON HAND & UPDATED BY SIGO
- o CONTINUITY BOOK ON HAND & UPDATED (TOC LAYOUT, LOAD PLANS, JOB DESCRIPTIONS, RECURRING ACTIONS)
- o ARTEP/MTP & OTHER REQ'D REFERENCE DATA ON HAND
- o COMBAT STATUS CHARTS ON HAND & UPDATED: EQUIPMENT, MISSIONS, MOS & PROJECTED SHORTFALLS/GAINS WITHIN 72 HRS, CBT EFFECTIVENESS CIRCLE CODE CHARTS (PERSONNEL/LOGISTICS/EQUIPMENT/COMMO)
- o TOC JOURNAL
 - o 3 PART FOLDER: CURRENT LOG, JT MESSAGE FORM, PAST JOURNAL LOG
 - o UPDATED & CORRECTLY COMPLETED BY NCO
 - o MSG FROM (DD173) INITIALED BY TOC OIC TO INDICATE ACTION WAS CORRECT, INFO POSTED & DISTRIBUTED BY PERSONNEL
 - o ACTION TAKEN - **NEVER USE THE WORD LOGGED!**
- o PASSIVE AIR DEFENSE MEASURES (CAMO, LIGHT DISCIPLINE, OPSEC)
- o RADIOS TURNED DOWN, EVERYONE TALKS IN LOW VOICE
- o TOC REACTION DRILLS
 - o ARTY ATTACK
 - o AIR ATTACK
 - o NBC ATTACK
 - o ENEMY ATTACK
 - o CASEVAC

TOC OIC/NCOIC DUTIES

82

1. Insure all commo is operational to include fax. Have SIGO update commo status chart
2. Work with the Ops SGM to establish TOC shifts - fill in the charts, estab sleep plan, know where everyone is sleeping, nigh shift recons sleeping areas to find key pax if necessary.
3. Monitor reports hourly.
4. Insure TOC shifts are organized as follows: Current ops, future ops, SLICE OIC, and TOC NCOIC.
5. Current Ops should consist of TOC Officer, TOC NCOIC, FSO, S2 Officer, Slice
 - (1) Update current Ops maps (map NCO)
 - (2) Update Intel map (S-2)
 - (3) Update FSO and Engineer map (FSO & Engineer)
6. NCOIC: Handles all message traffic, run TOC log, insure all RTO's are monitoring all nets, supervise map NCOs, insure reports are timely, all charts updated, area kept clean, develop sleep plan for shifts, coordinates with HHC Cdr for TOC security to include OPSEC, TOC battle drills, and TOC reaction force.
7. SLICE OIC: Backbrief TOC officer on current status of special staff, as required
8. FUTURE OPS OFFICER: Insure a planning map is updated and planning area is kept neat and orderly. Immediately begin to build shell orders based on assumptions for future ops.
9. TOC officer is the orchestrate, not the worker bee. Should be seated in the ops center. Has following people report to him: SLICE, NCOIC, S2, and future ops officer. NOTE: The TOC officer is not an RTO. He lets the RTO's do the talking, with the OPS SGM supervising the RTO's.
10. TOC officer must learn and execute the commander's intent.
11. Overlays must be standardized.
12. Make sure the SIGO has the multichannel phonebook acetated and posted and the RTO cheat sheets are updated. This includes instructions for MEDEVAC, to include call sign and frequency.
13. Monitor battery changes for the remotes. Insure DTG of batter change is logged on each radio.
14. TOC officer should personally draft the CDR's SITREP and have it approved by the XO, S3, or Commander.
15. TOC officer insures the engineer overlay and the FS overlay are integrated.
16. TOC officer insure NCOIC wakes everyone who is involved in the CDR's daily staff briefs.
17. TOC OIC personally reads all message traffic, insures correct action is taken, and initials the message form indicating he has done this.

TOC BATTLE DRILLS

83

INDIRECT FIRE ATTACK

SIGNAL: "INCOMING!"

- STEP 1 - Mask (if chemical rounds are indicated)
- STEP 2 - Assume a prone position and get under cover
- STEP 3 - Disperse
- STEP 4 - Seek cover in established survivability positions
- STEP 5 - Report/Treat/Evacuate Casualties
- STEP 6 - Remain under cover until given all clear

AIR ATTACK

SIGNAL: "DYNAMITE, DYNAMITE, DYNAMITE"

- STEP 1 - Clear tents and vehicles, move to survivability positions
- STEP 2 - Man fighting positions
- STEP 3 - Return massed fire if aircraft is firing at hospital
- STEP 4 - Report/Treat/Evacuate Casualties
- STEP 5 - Report battle damage to S-4/Redistribute ammo

CIVILIAN ON BATTLEFIELD

SIGNAL: "VERBAL ALERT"

- STEP 1 - Take positive control of persons, check ID card, verify with S-2
- STEP 2 - Detain (blindfold/flexicuff if hostile), keep outside of wire
- STEP 3 - Notify the TOC
- STEP 4 - Guard until QRF/TOC personnel arrive
- STEP 5 - Do not discuss anything with persons
- STEP 6 - TOC personnel take control, notify higher S-2 and local authorities

TOC BATTLE DRILLS

84

GROUND ATTACK

SIGNAL: "CIRCLE THE WAGONS"

- STEP 1 - All personnel man fighting positions
- STEP 2 - Positively identify enemy
- STEP 3 - Engage IAW Rules of Engagement
- STEP 4 - Report/Treat/Evacuate Casualties
- STEP 5 - Remain in positions until given all clear

CHEMICAL ATTACK

SIGNAL: "VERBAL, M8, HAND SIGNALS"

- STEP 1 - Mask
- STEP 2 - Go to MOPP4
- STEP 3 - NBC NCO sends NBC1 report to higher
- STEP 4 - Detect contamination, determine type of agent, mark area
- STEP 5 - Conduct hasty decon following determined priority
- STEP 6 - Conduct MOPP gear exchange as needed
- STEP 7 - Unmask only when directed by appropriate authority

SNIPER

SIGNAL: "SNIPER!"

- STEP 1 - Take cover
- STEP 2 - Report to TOC on CMD Net (provide direction of fire)
- STEP 3 - Return fire IAW Rules of Engagement
- STEP 4 - Remain under cover until all clear given

GRAPHIC REFERENCE DATA

Pre-Combat Inspection Checklist

Two Person Fighting Position

Triple Strand Concertina Placement

Range Card

Sector Sketch

Risk Assessment Worksheet

Soldier Information Sheets

Aircraft Information

Precombat Checks

86

1. Complete prepare to fire weapons checks
2. Complete preoperations PMCS; resolve problems
3. Load vehicles/rucks per load plans
4. Clean/function check individual & crew served weapons
5. Top off vehicles
6. Stow basic load of Class I and V
7. Fill canteens, water & oil cans as needed
8. Index battlesights
9. Check radio freqs and operation
10. Check speech security equip
11. Check personnel; brief mission
12. Rehearse

Crew Checklist

PERSONNEL

- o Soldiers briefed on mission, know checkpoints and rally points
- o Morale of section
- o Full staff O/H

PERSONAL EQUIPMENT

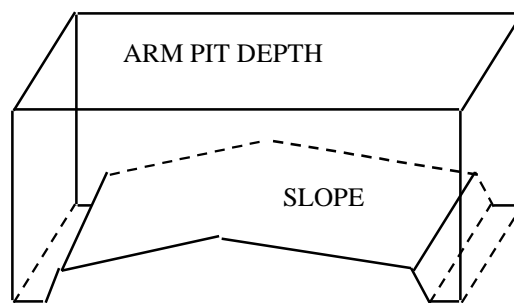
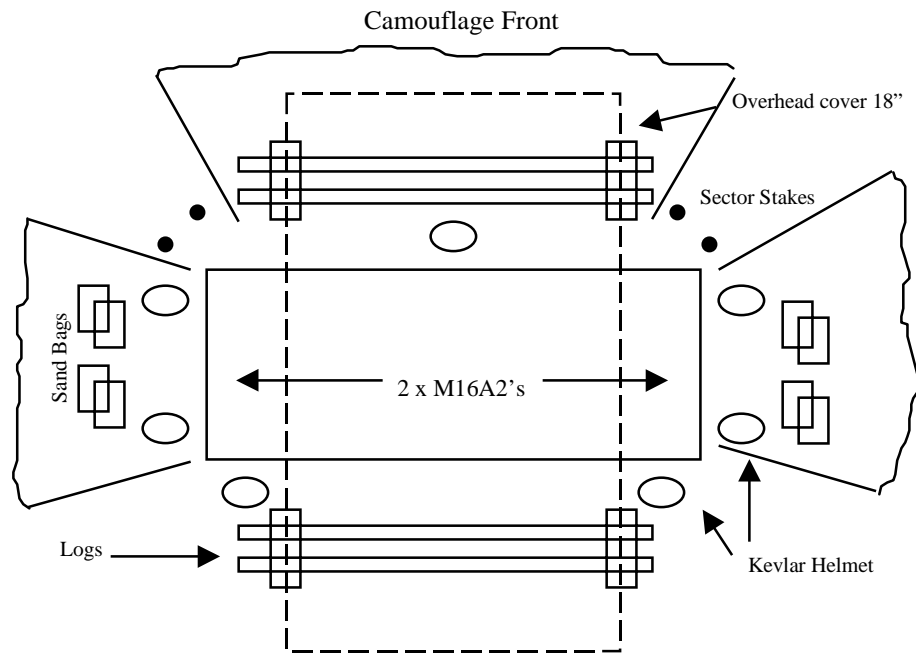
- o Dog tags present and O/H
- o ID Card O/H, Geneva Convention Card O/H, Red Cross Armband
- o Proper field uniform
- o Weapons cleaned and secured, ammunition issued
- o SQD leader has listing of all serial numbers for weapons and sensitive items
- o NBC equipment O/H

INTELLIGENCE

- o All overlays/map updates O/H
- o All soldiers know sign/countersign
- o Soldiers have strip maps
- o Threat brief/rules of engagement brief received

TWO PERSON FIGHTING POSITION

87

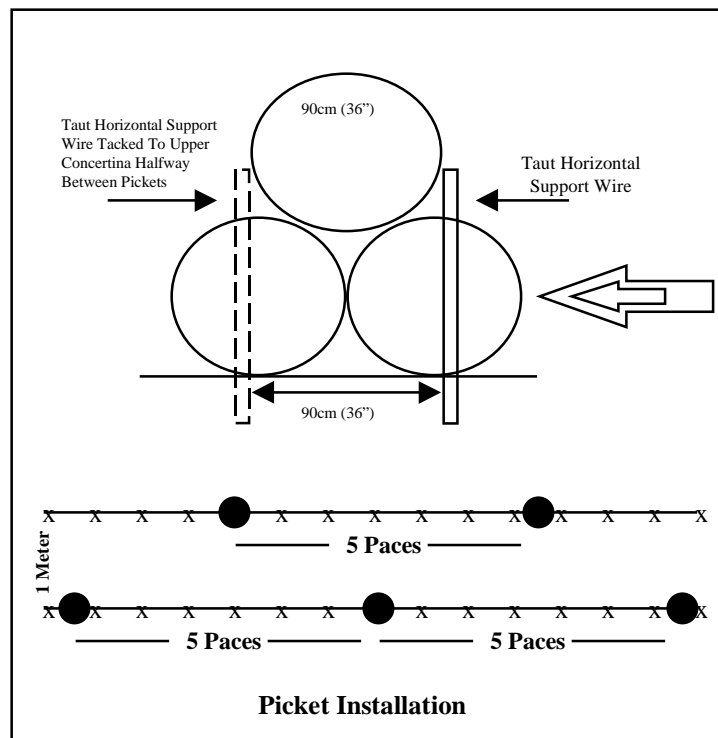


GRENADE SUMP ONE
E-TOOL WIDE AND DEEP

TRIPLE STRAND CONCERTINA

88

- Ensure job site security
- Organize work into three crews
- First crew lays pickets
- Second crew lays out wire. Place one roll on enemy side at every third picket and two rolls on enemy side at every third picket
- Third crew installs all pickets
- Reorganize party into four soldier crews
- Install wire
- Ensure wire is properly tied and all horizontal wire properly installed



89

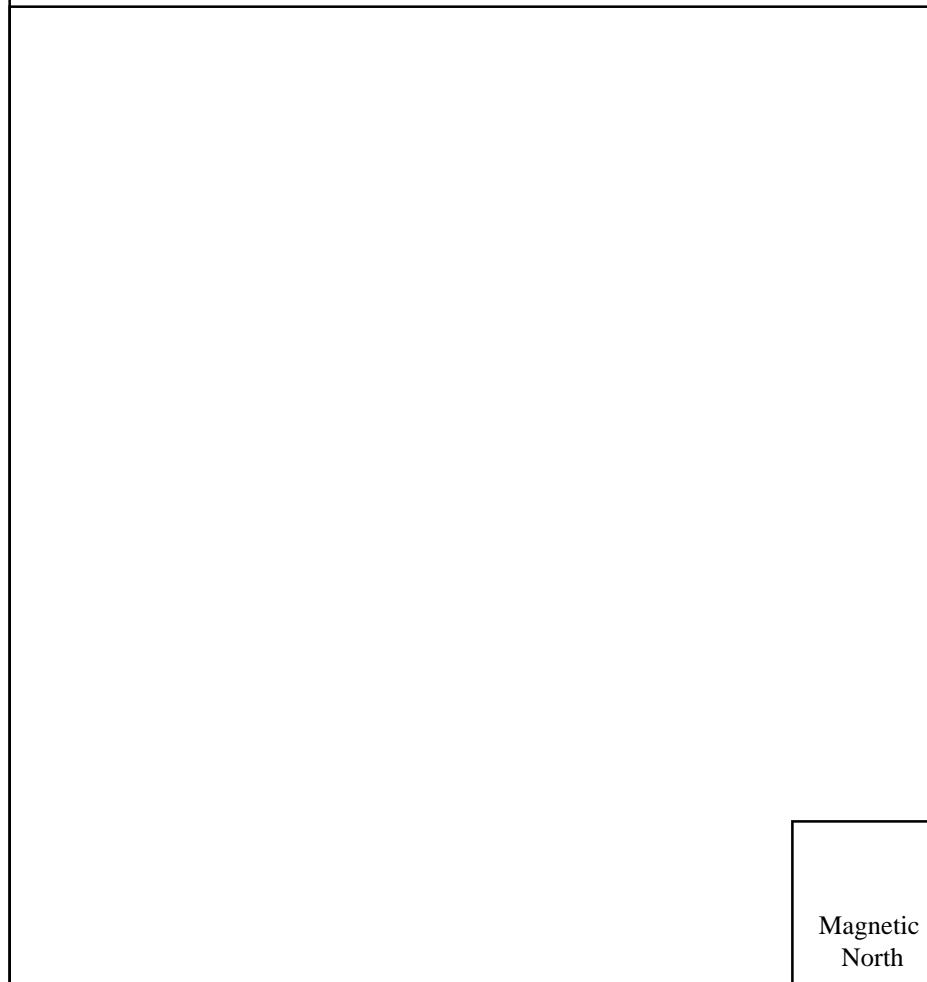
MAGNETIC
NORTH

Each Mark Equals _____ Meters













Remarks:

SECTOR SKETCH

90



Magnetic
North

| | | | | |
|--|--|--|---|---|
| OUTPOST  | CHEM ALARM  | LIKELY AVE OF APPROACH  | | |
| M16  | M60  | M2  | M203  | M19  |
| TRIP WIRE  | FLARE  F | TRP  | ROAD BLOCK XX | |
| DEAD SPACE/TREES  | | UNIT: | | |

| RISK ASSESSMENT | | | | 91 |
|----------------------------------|----------------------------|--------------------------------|-----------------------------------|----|
| Length | Routine | Complex LT/HVY/ABN | Dangerous Live Fire/Water/Halo | |
| 72 HRS | 3 | 4 | 5 | |
| 48 HRS | 2 | 3 | 5 | |
| 24 HRS | 1 | 2 | 4 | |
| UNIT EXPERIENCE - NATURE OF TASK | | | | |
| TASK | UNIT EXPERIENCE | | | |
| | Qualified & Experienced | Familiar, Not Experienced | Unfamiliar & Inexperienced | |
| Dangerous | 2 | 4 | 5 | |
| Complex | 1 | 3 | 4 | |
| Routine | 0 | 2 | 3 | |
| Temperature vs. Conditions | | | | |
| TEMP | VISIBILITY/MOISTURE | | | |
| | GOOD Clear/Dry | DEGRADED Night/Haze/Drizzle | POOR Night/Rain/Snow/Ice | |
| Very Cold | 3 | 4 | 5 | |
| Moderate | 0 | 2 | 3 | |
| Very Hot | 4 | 2 | 3 | |
| EQUIPMENT AGE VS CONDITION | | | | |
| AGE | Well Maintained | Poorly Maintained | Short Key Equipment | |
| Old | 2 | 4 | 4 | |
| Average | 1 | 3 | 4 | |
| New | 0 | 2 | 4 | |

| C2 Relationship vs Mission | | | | 92 |
|----------------------------|---------|-------|----------------|----|
| Unit Configuration | MISSION | | | |
| | Day | Night | Special Hazard | |
| Ad Hoc | 2 | 3 | 4 | |
| Attached | 1 | 2 | 3 | |
| Elements | | | | |
| Organic | 0 | 1 | 2 | |

| Leaders Rest vs Prep Time | | | |
|---------------------------|-----------------------|----------|---------|
| Leaders Rest | Time for Mission Prep | | |
| | Extensive | Adequate | Minimal |
| Less 4 Hrs | 2 | 3 | 4 |
| 6 Hrs | 1 | 2 | 3 |
| 8 Hrs | 0 | 1 | 2 |

| Soldier Condition vs Terrain | | | |
|------------------------------|---------------------|-------------------|------------------|
| Terrain | VISIBILITY/MOISTURE | | |
| | GOOD 8 Hrs | ADEQUATE 6 Hrs | Minimal 3 Hrs |
| Dangerous | 2 | 3 | 6 |
| Challenging | 1 | 2 | 4 |
| Normal | 0 | 1 | 8 |

| RISK ASSESSMENT | | | | | |
|-----------------|----|----------|----|------|----|
| LOW | | MODERATE | | HIGH | |
| 1 | 11 | 12 | 23 | 24 | 31 |

*What are your risk reduction actions?

*Cdr must approve **HIGH** risk operations.

NAME: _____
RANK: _____ SSN: _____
WEAPON #: _____ TYPE: _____
SECTION: _____ MASK: _____
MOS: _____ BLOOD TYPE: _____
OTHER: _____

NAME: _____
RANK: _____ SSN: _____
WEAPON #: _____ TYPE: _____
SECTION: _____ MASK: _____
MOS: _____ BLOOD TYPE: _____
OTHER: _____

NAME: _____
RANK: _____ SSN: _____
WEAPON #: _____ TYPE: _____
SECTION: _____ MASK: _____
MOS: _____ BLOOD TYPE: _____
OTHER: _____

NAME: _____
RANK: _____ SSN: _____
WEAPON #: _____ TYPE: _____
SECTION: _____ MASK: _____
MOS: _____ BLOOD TYPE: _____
OTHER: _____

NAME: _____
RANK: _____ SSN: _____
WEAPON #: _____ TYPE: _____
SECTION: _____ MASK: _____
MOS: _____ BLOOD TYPE: _____
OTHER: _____

AIRCRAFT INFORMATION

C-130

Usable Dimensions:

102" High
115" Wide w/out dual rails
105" Wide w/ dual rails

Axle Limitations:

Station 257-337 = 6,000lbs
Station 682-742 = 6,000lbs
Station 337-683 = 13,000lbs
Ramp = 3,500lbs single axle or 2,500lbs each axle

Aisleway:

Pallets 3 - 4 = over 36" requires 6" aisleway
Pallet 6 = 18" aisleway

Planning ACL = 25,000lbs

Pallet Limitations:

Pallet 1: 10,355lbs @ 76"
Pallet 2-4: 10,355 @ 96"
Pallet 5: 8,500lbs @ 96"
Pallet 6: 4,664lbs @ 76"

Pax:

90 Maximum/74 Over Water
Cargo widths up to 76" allows pax on both sides of aircraft
Cargo widths 76"-96" allows pax on one side of aircraft
Cargo widths over 96" allows no pax on either side of aircraft

Runway Requirements: 3,000 ft

Range: 2,356 miles

Crew: 5

AIRCRAFT INFORMATION

C-5

Usable Dimensions:

Front: 150" High
Front: 144" Wide
Aft: 106" High
Aft: 214" Wide

Axle Limitations:

Station 517-724 = 20,000lbs in any 40" length
Station 1884-1971 = 20,000lbs in any 40" length
Station 724-1458 = 36,000lbs in any 40" length
Station 1458-1884 = 36,000lbs in any 40" length
Station 1458-1518 = 25,000lbs per axle
Ramp = 3,600lbs in any 20" length

Aisleway:

Pallets 1,2, 35, & 36 requires 14" aisleway

Planning ACL = 130,000lbs

Pallet Limitations:

Pallet 1-2: 7,500lbs @ 96"
Pallet 3-34: 10,355 @ 96"
Pallet 35-36: 7,500lbs @ 70"

Pax:

73 permanent seats, 267 Airbus for total of 340 pax

Runway Requirements: 5,000 ft

Range: 3,434 miles

Crew: 5+

AIRCRAFT INFORMATION

C-141

Usable Dimensions:

103" High

117" Wide

Axle Limitations:

Station 322-678 = 10,000lbs

Station 682-742 = 10,000lbs

Station 678-998 = 20,000lbs

Ramp = 7,500lbs single axle or 5,000lbs per individual wheel

Aisleway: None

Planning ACL = 90,000lbs

Pallet Limitations:

Pallet 1: 10,355lbs @ 76"

Pallet 2 - 12: 10,355lbs @ 96"

Pallet 13: 7,500lbs @ 76"

Pax:

200 Maximum, 153 Over Water

Cargo widths up to 80" allows pax on both sides

Cargo widths 80"-96" allows pax on one side only

Cargo widths over 96" allows no pax on either side

Runway Requirements: 5,000 ft

Range: 2,800 miles

Crew: 4

AIRCRAFT INFORMATION

C-17

Usable Dimensions:

142" High

210" Wide

Axle Limitations:

Station 347-577 = 27,000lbs

Station 1037-1165 = 27,000lbs

Station 577-1037 = 36,000lbs

Ramp = 27,000lbs

Aisleway: None

Planning ACL = 90,000lbs

Pallet Limitations:

All pallets: 10,355lbs at 96"

Pax:

112 Maximum, 102 Over Water

Runway Requirements: 3,000 ft

Range: 2,760 miles

Crew: 3